

FRIENDSHIP SCHOOL

525 Third Street, Imperial Beach CA 91932 (858) 298-2213 FAX (619) 423-6007



AUTHORIZATION FOR MULTIPLE POSITIONS WHILE AT SCHOOL
AUTORIZACION PARA PUESTOS MULTIPLES EN LA ESCUELA

Name of student/nombre de estudiante: _____ Date of birth/fecha de nacimiento: _____

ESTA PORCION ES PARA EL DOCTOR/A SOLAMENTE:

I, the undersigned, as the physician for the above-named student, do recommend and approve the following procedure to be provided to this pupil during school hours:

Due to the nature of this student’s disability, it is understood that s/he will be positioned at school in the following equipment to facilitate classroom participation and position changes will occur every 2 hours throughout the school day:

- Classroom Chair
 - Floor sitter with casters locked or unlocked
 - Positioning chair with supports and tray
 - Wheelchair with or without tray
 - Platform bed

- Recliner
- Bean Bag with positioning pillows
- Floor mat
- Side lying/Prone over wedge

****If this student has additional positioning equipment such as a gait trainer or stander, an additional letter will be required from the physician clearing him/her to use this equipment at school. Please specify if the student must wear AFOs, SMOs, splints, braces, or other orthoses while using a gait trainer or stander and how many hours a day are recommended. Include letter with this authorization.**

Specialized instructions: _____

*If student has surgery/significant medical status change, this form must be updated with the school nurse. If this information is not updated, the school will not be held responsible for any new medical information not shared.

Signature of Physician

NPI #

Date

Address

Telephone

Entendemos que el administrador de la escuela designará a una persona(s) designada y calificada que, de acuerdo con la Sección 49423.5 del Código de Educación, prestará el servicio de atención médica mencionado anteriormente y que cualquier persona(s) calificada y designada sin licencia que otorgue el servicio lo hará bajo la supervisión de una enfermera escolar calificada, una enfermera de salud pública, o un médico cirujano calificado y con licencia. Entendemos que, al realizar este servicio, la(s) persona(s) designada utilizarán un procedimiento que ha sido aprobado por nuestro médico.

Firma de Padre/Guardian

Fecha