**PARENT/GUARDIAN AND AUTHORIZED HEALTH CARE PROVIDER**
**REQUEST FOR TREATMENT**

Name of Student: _____ Birth date: _____ Grade/Track: _____

School/District: **Buena Park School District**

Teacher's Name: _____

California Education Code Section, 49423.5 allows the school nurse to train, monitor and supervise non-medical school personnel to assist students who require treatment during the school day. This service is provided to enable the student to remain in school and to maintain or improve his/her potential for education and learning. I understand and agree that designated non-medical school personnel will administer the treatments below under supervision of a qualified School Nurse. I will notify the school immediately and submit a new authorization form if there are ANY changes in the treatment and/or prescribing authorized health care provider. I give permission for the school nurse to exchange treatment related information with the authorized health care provider. The school nurse may counsel appropriate school personnel regarding the treatment and its possible reactions.

Parent/Guardian Signature: _____ Date: _____

Telephone: (Work) _____ (Home) _____ (Other) _____

**AUTHORIZED HEALTHCARE PROVIDER REQUEST FOR THE FOLLOWING TREATMENTS**

| | | | |
|---|---|---|---|
| Transferring/Position Changes | ☐ Complete Assistance | ☐ Some Assistance | ☐ Independent |
| Toileting | ☐ Complete Assistance | ☐ Some Assistance | ☐ Independent |
| Diapering | ☐ Complete Assistance | ☐ Some Assistance | ☐ Independent |
| Menstrual Hygiene | ☐ Complete Assistance | ☐ Some Assistance | ☐ Independent |

Nursing practice standards will be used for the above stated treatments UNLESS there are specific modifications or recommendations needed as stated here: Change up to 6X/day

Authorized Health Care Provider Signature: _____

Provider NPI#: _____

Telephone: _____

Date of Request: _____

*Office Stamp*

_____
Doctor's initials

Date to Discontinue Treatment: _____

*SCHOOL USE:*
Reviewed by: _____ Date: _____

***This request is valid for a maximum of one year.***