

FRIENDSHIP SCHOOL

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

AUTHORIZATION FOR ADDITIONAL POSITIONING EQUIPMENT WHILE AT SCHOOL

Name of Student: _____ Date of Birth _____ Age: _____

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

In addition the following equipment can be used for this student:

Supramalleolar Orthotics (SMOs) Frequency _____ Duration _____ During:

- Supine/prone activities
- Sitting activities
- Weight bearing activities
- All activities
- Other: _____

Ankle Foot Orthotics (AFOs) Frequency _____ Duration _____ During:

- Supine/prone activities
- Sitting activities
- Weight bearing activities
- All activities
- Other: _____

Neck Brace Frequency _____ Duration _____ During:

- Supine/prone activities
- Sitting activities
- Weight bearing activities
- All activities
- Other: _____

Back/Body Brace Frequency _____ Duration _____ During:

- Supine/prone activities
- Sitting activities
- Weight bearing activities
- All activities
- Other: _____

Other: _____ Frequency _____ Duration _____ During:

- Supine/prone activities
- Sitting activities
- Weight bearing activities
- All activities
- Other: _____

Stander Frequency _____ Duration _____

Gait Trainer Frequency _____ Duration _____

Adaptive Tricycle Frequency _____ Duration _____

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Updated February 2023 for the 2023-2024 school year
Effective entire 2023-2024 school year

Any 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

We understand that the school administrator will appoint a qualified designee who, pursuant to Education Code Section 49423.5, will perform the above health care service and that any unlicensed qualified designee performing the service will do so at least therefore, under the supervision of a qualified school nurse, public health nurse, or qualified licensed physician and surgeon. We understand that in performing this service, the designated person(s) will use a procedure that has been approved by our physician.

Signature of Parent/Guardian Date