

FRIENDSHIP SCHOOL

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

AUTHORIZATION FOR ADDITIONAL POSITIONING EQUIPMENT WHILE AT SCHOOL
AUTORIZACIÓN PARA EQUIPO DE POSICIONAMIENTO ADICIONAL EN LA ESCUELA

Nombre de estudiante: _____ fecha de nacimiento: _____ Edad: _____

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

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

Signature of Parent/Guardian Date