

REQUEST FOR HEALTH CARE SERVICES

Student _____ Date _____

Address _____ City/State/Zip _____

Physician's Order For Specialized Health Care Procedure

THE PHYSICIAN'S ORDER SHOULD BE UPDATED AT LEAST ANNUALLY.

HEALTH CARE PROCEDURES

Condition for which procedure is required _____

Description of standardized procedure(s) (Add pages or procedure if needed) _____

Precautions and possible adverse reactions and interventions _____

Time schedule and suggested environment for procedure(s) _____

The procedure is to be continued as above until (date) _____

Dietary recommendations _____

Activity limitations _____

Physician's Signature

Date

Tel

Parent Signature

Tel