THE ACADEMY OF CHARTER SCHOOLS

Prepare | Explore | Empower

Request for
Medically Necessary Treatment
at The Academy of Charter Schools

Student's First and Last Name: _____

Student's Date of Birth: _____

Parent/Guardian's Name(s): _____

_____

Parent/Guardian's Phone: _____

_____

This section is to be completed by the qualified health care provider writing the prescription for Medically Necessary Treatment on The Academy of Charter Schools' property.

Name of Provider: _____

Colorado License Number: _____

Name of Medical Practice: _____

Address of Practice: _____

Telephone Number of Practice: _____

This section is to be completed by the private health care specialist who will provide the proposed Medically Necessary Treatment on The Academy of Charter Schools' property.

Name of Provider: _____

Colorado License Number: _____
(this could also be the certification or authorization number)

Name of Medical Practice: _____

Address of Practice: _____

Telephone Number of Practice: _____

Describe in detail the proposed treatment to be provided on The Academy of Charter Schools' property during the school day.

Location of Treatment: _____

Day(s) of Treatment: _____

Time(s) of Treatment: _____

Services to be Provided: _____

_____

_____

_____

_____

Please attach a copy of the student's prescription, recommendation, or order.

By signing this Request, parent(s)/guardian(s) agrees to sign a medical release authorizing the School to confer with the qualified health care provider to obtain follow-up information about the student's medical needs and the medically necessary treatment.

By signing this Request, parent(s)/guardian(s) acknowledges their sole financial responsibility for the services.

By signing this Request, parent(s)/guardian(s) waive liability of any and all claims against the School and CSI for any negligence, intentional conduct, malpractice, or other misconduct on the part of the Provider, including claims arising from the conduct of the Provider under the Claire Davis School Safety Act, C.R. S. § 24-10-106.3, and C.R.S. § 13-20-1201 et. seq., Actions for Sexual Misconduct Against Minors.

By signing this Request, parent(s)/guardian(s) agree to waive any claims for a Free Appropriate Public Education under the Individuals with Disabilities Act ("IDEA") to the extent that the rendering of services by the Provider interferes or restricts any required educational or related services under the Student's current IEP.

Parent/Guardian Printed Name	Parent/Guardian Signature
Date	
Parent/Guardian Printed Name	Parent/Guardian Signature
Date	

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