

REQUEST FOR MEDICAL PROCEDURE

Requests for school nursing services during school hours requires that this statement be filed with the school principal. Consideration of this request will be based on school health guidelines. Please respond to every item on this form. Only totally completed forms will be honored.

School _____ School Hours _____ Teacher _____ Grade _____
Student Name _____ Date of Birth ____ / ____ / ____
Address _____ Telephone _____
Medical Conditions (Optional) _____ Cell Phone _____

HEALTH CARE PROVIDER STATEMENT

The health care provider may be a medical doctor (MD, DO), dentist (DDS), physician assistant (PA), or an advanced nurse practitioner (APRN/NP).

To be completed by health care provider- A new form is required each school year:

Type of Procedure: _____

Frequency of Procedure: _____

(For Tube Feedings Only) Type of Formula: _____

Amount: _____

Special Instructions: Please detail instructions for tube feedings; for suctioning, please give a description of physical conditions which would require suctioning ordered PRN: _____

Health Care Provider Name: _____ Phone: _____

Address: _____ Fax : _____

Health Care Provider Signature: _____ Date: _____

Pursuant to HIPAA regulations, 45 C.F.R. §164.506 and § 1654.501, I may disclose protected health information regarding this student's treatment activities to be implemented by the school nurse program.

To Be Completed by Parent / Guardian

I understand I am requesting a Medical Procedure to be performed for my child. I understand a qualified individual will perform such procedure. Changes during the year require a signed authorization from the health care provider. I understand that to properly perform this health care procedure, the school nurse program may require clarification from the health care provider to assist them in the treatment activities that I have requested. I understand that the health care provider may disclose protected health information in consultation with the school nurse.

Parent / Guardian Name: (Please Print) _____

Parent/ Guardian Signature _____ Date _____