

## Parent/Guardian's Request and Authorization for Specialized Health Care

Date: \_\_\_\_\_

School: \_\_\_\_\_ Principal: \_\_\_\_\_

Name of Student: \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_ and request that the following specialized health care procedure be available to my child during school hours. This is necessary for my child to fully participate in school.

Procedure(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I must provide any equipment and medication needed. The school nurse or designated school personnel under supervision of the school nurse will do the procedure according to orders from my child's healthcare provider. If a school nurse is not available, I will provide training for the school personnel. I also understand that these school personnel are released from responsibility for any complications resulting from administration of this procedure.

I understand that whenever possible, the specialized health care procedure should be provided by the family before or after school hours.

I also request that the principal upon receiving this request/authorization make a copy of this letter and give it to the school health clinic personnel for documentation purposes.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date