

PARENT/GUARDIAN REQUEST FOR SPECIALIZED CARE PROCEDURE
Health Services Department
Lincoln Public Schools

General Information for Parents and Guardians:

Appropriately qualified Health Services personnel will provide the requested treatment according to written guidelines based on standard and reasonable nursing practice and physician order.

A signed order from the student's physician must accompany each parent request. All requests must be renewed at the start of each school year, and whenever there are significant changes in the procedure or the child's condition or needs.

By signing below, the parent/guardian acknowledges that it is the responsibility of parents and guardians to provide the necessary supplies and equipment to the school in order for this procedure to be carried out. Parents and guardians also acknowledge that they are responsible for the cleaning, maintenance, and/or replacement of these materials as needed, or as requested by the school nurse. By signing below, parents and guardians acknowledge that the ordering physician may be contacted by the school nurse for clarification on the procedure requested.

Please complete the following information and return to the school nurse at your child's school. If you have any questions, please do not hesitate to contact the school nurse or the Health Services Coordinator at 436-1655.

Student Name: _____ School: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Work Phone: _____

Diagnosis or Condition: _____

Procedure/Specialized Care Requested: _____

Indication or Requested Time for the Treatment: _____

Supplies and/or Equipment Required for the Treatment (provided by parent/guardian): _____

Detailed Description of Procedure Including Precautions: _____

Physician Name: _____ Phone: _____

Emergency Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____