



Mapleton Local Schools

REQUEST FOR HEALTH CARE SERVICES

Student Name: _____ School: _____ Grade: _____
Address: _____ Date of Birth: _____

TO BE COMPLETED BY PHYSICIAN:

THE PHYSICIAN'S ORDER SHOULD BE UPDATED ANNUALLY AND AS CHANGES OCCUR.

HEALTH CARE PROCEDURES

Condition for which procedure is required: _____

Description of standardized procedure(s): (add procedural pg 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: _____

Signature of Physician _____ Phone _____ Date _____

Printed Name

TO BE COMPLETED BY PARENT/GUARDIAN

I hereby request and give permission to the nurse or designee to perform the health care service as described on the front of this form. It is my understanding that in performing this service, the designee will use a standardized procedure for the health care procedure(s). I agree to:

- Assume responsibility for safe delivery of medication(s) or procedural equipment/supplies to school.
- Immediately submit a revised form completed and signed by myself and the physician if there are any changes to the health care procedure(s).
- Grant permission for the nurse to confer with the above physician regarding treatment issues pertaining to the procedure/diagnosis and educational/behavioral needs.
- Hold the board of Education, its officials, and its employees harmless from all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly for this authorization.

Parent/Guardian Signature

Date

Daytime Phone Number

Rev 3/22

This form expires at the end of the school year