



Request for Special Procedure to be Performed by School Nurse

Parent/Guardian Request

The Parent/Guardian of _____ requests that the School Nurse perform the following procedure _____

_____ during school hours as prescribed.

I agree to provide the school with the supplies needed to perform this procedure.

Date	Phone
Address	Signature of Parent/Guardian

Physician's Statement

In order to protect the health of _____ it is necessary for him/her to have the following procedure performed during school hours.

Diagnosis	Times to be Performed
Instructions	

List specific signs or symptoms that may be exhibited before, during, or after procedure that you would like to be notified of _____.

Date	Phone
Address	Signature of Physician & Stamp