## BALTIMORE COUNTY DEPARTMENT OF HEALTH

Baltimore, Maryland 21212

## **AUTHORIZATION FOR SPECIALIZED HEALTH CARE PROCEDURE**

Dear Parent or Legal Guardian:				
Whenever possible, health care pro your child's day. However, if it is no provider's authorization is required.	ecessary for your child to re	led outside of school hours; to ceive treatments during the s	his lessens any disruption to school day, a health care	
Qualified school personnel will perf care provider's directions and Baltin	orm the procedure using the more County Public School	e supplies and equipment that guidelines will be used in ad	at you provide. Your health ministering the treatment.	
School		Schoo	School Nurse	
I hereby give my permission for the my child during the school day.	nurse or qualified school pe	ersonnel to administer the ne	eded health care procedure to	
Signature of Parent/Gua	Da	Date		
* NA	Health Care Provide ME OF STUDENT	er Authorization	BIRTHDATE	
			DIKITIDATE	
	MEDICAL DIA	GNOSIS		
	HEALTH CARE P	POCEDURE		
	HEALTH CARE P	KOCEDUKE		
TIME TO ADMINISTER	DATE TO E	PECIN	B	
THE TO ADMINISTER	DATETOE	BEGIN	DATE TO END	
EQUIPMENT NEEDED				
	SPECIAL CONSIL	DERATIONS		
CON	TRAINDICATIONS/SIDE EI	FFECTS TO PROCEDURE		
HEALTH CARE PROVIDER SIGNATURE		DA	TE	
PHONE		F/	AX .	