

AUTHORIZATION FOR SPECIALIZED HEALTH CARE PROCEDURE

Dear Parent or Legal Guardian:

Whenever possible, health care procedures should be scheduled outside of school hours; this lessens any disruption to your child's day. However, if it is necessary for your child to receive treatments during the school day, a health care provider's authorization is required.

Qualified school personnel will perform the procedure using the supplies and equipment that you provide. Your health care provider's directions and Baltimore County Public School guidelines will be used in administering the treatment.

_____ School

_____ School Nurse

I hereby give my permission for the nurse or qualified school personnel to administer the needed health care procedure to my child during the school day.

_____ Signature of Parent/Guardian

_____ Date

Health Care Provider Authorization		
NAME OF STUDENT		BIRTHDATE
MEDICAL DIAGNOSIS		
HEALTH CARE PROCEDURE		
TIME TO ADMINISTER	DATE TO BEGIN	DATE TO END
EQUIPMENT NEEDED		
SPECIAL CONSIDERATIONS		
CONTRAINDICATIONS/SIDE EFFECTS TO PROCEDURE		
HEALTH CARE PROVIDER SIGNATURE		DATE
PHONE	FAX	