



Bellevue Public Schools
Request and Authorization for Specialized Care Procedure

A licensed healthcare professional or appropriately qualified unlicensed assistive personnel as deemed qualified by a licensed healthcare professional will provide the requested treatment according to standard and reasonable nursing practice and physician order.

A signed order from the student’s health care provider 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.

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 contact the school nurse.

Student’s Name: _____ School: _____

Parent/Guardian Name(s): _____

Diagnosis or Condition: _____

Procedure/Specialized Care Requested: _____

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: _____

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
