

**REQUEST FOR PHYSICIAN'S AUTHORIZATION  
FOR SPECIALIZED PHYSICAL HEALTH CARE SERVICES PERFORMED AT SCHOOL**

**Ventura County SELPA**

Name of Student: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Dear Dr. \_\_\_\_\_

The parent or guardian of the student listed above has requested that a specialized physical health care service be performed at school. Please complete the "Physician's Authorization" attached to this form as soon as possible and return it to the school address given below. **For this procedure to be performed at school, you must verify that it cannot be scheduled for other than during school hours.**

You must realize that the individual performing the procedure may or may not be a licensed registered nurse. The school administrator has the authority to designate another school employee to perform such services. In addition, the classroom personnel have other children for whom they are responsible. If you believe that the specialized physical health care service must be performed by licensed personnel, please indicate.

The child may need to be transported a long distance to and from school, and the only caretaker may be the bus driver. Several children may be on the bus. If you feel that this situation is inappropriate for the child, please indicate.

Please notify the school immediately if the order for the procedure(s) changes or if you are no longer treating this student. For your convenience, a sample copy of the procedure has been attached for your review.

Thank you for your prompt attention to this matter. Please be advised that the service cannot be provided until your orders have been received.

\_\_\_\_\_  
(Signature of School Personnel) (Title) (Date) (Telephone number)

**Parent's Authorization for Exchange of Information**

To Whom It May Concern:

I hereby give my permission of the exchange of confidential information contained in the record of my child:

\_\_\_\_\_  
(Name) (Date of Birth)

between \_\_\_\_\_ and \_\_\_\_\_  
(Name of physician) (Name of School District)

\_\_\_\_\_  
(Signature of father/guardian) (Date) (Signature of mother/guardian) (Date)

Please return to: \_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Name of school)

\_\_\_\_\_  
(Street) (City) (State) (Zip code)