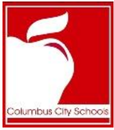

Request for Specialized Health Care Services

Columbus City Schools
Health, Family and Community Services
61 South 6th Street
Columbus Ohio 43215

Student Name________________________________ Date of Birth____________ School Yr__________

School___________________________ HR / Grade___________

To the healthcare provider: The Columbus Board of Education urges you to schedule health care procedures outside of school hours. When that is not possible, the procedure will be performed as written.

HEALTHCARE PROVIDER TO COMPLETE:

- ❑ I have reviewed and approved the attached standardized procedure as written.
- ❑ I have reviewed and approved the attached standardized procedure with the attached modifications.
- ❑ Specific healthcare provider orders:

Procedure:

Time/schedule:

Duration: Beginning date: | Expiration date:

Modifications:

Healthcare provider's signature_____________________________________ Date ________________

Healthcare provider's printed name, address, phone and fax (or stamp)

PARENT / GUARDIAN TO COMPLETE:

We (I), the undersigned, who are the parent(s)/guardian(s) of the above named student, request that the specialized health care service outlined above and prescribed by the above physician be provided for our child. We (I) authorize the school to appoint a qualified designated person(s) to perform the above prescribed treatment. We (I) agree to notify school personnel of any change in either the child's treatment regimen or the authorizing physician.

Parent / Guardian Signature(s): ____

Signature Date

____

Signature Date

Home Phone_______________________ Work phone_______________________

School personnel note:

- ❑ one copy to be filed in the case management folder
- ❑ one copy to be kept with the student health record
- ❑ one copy to be forwarded to the Health Services office

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities 11/14 Health