

SPECIALIZED CARE PROCEDURE CONSENT–NON-DISTRICT PERSONNEL
Health Services Department
Lincoln Public Schools

General Information for Parents and Guardians:

This authorization is to be used when a parent/guardian desires non-school personnel to enter the school and provide services to a student during the school day. **This authorization must be accompanied by a written physician order for the procedure.** All such requests and authorizations are to 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.

By signing below, the parent/guardian acknowledges that it is the responsibility of the parent/guardian to provide supervision of the authorized caregiver. The parent/guardian is responsible for providing all necessary supplies and equipment to the school in order for this procedure to be carried out.

Please complete the following information and return to the school nurse at your child's school. If you have any questions, please do not hesitate to contact the school nurse or the Health Services Coordinator at 436-1655.

Student Name: _____ School: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Work Phone: _____

Diagnosis or Condition: _____

Procedure/Specialized Care Requested: _____

Designated Care Provider and Contact Number (please print: _____

Physician Name: _____

Parent/Guardian Signature: _____ Date: _____