

Physician's Order for Specialized Health Care Procedure

Dear Doctor,

We have been asked to provide specialized health care to your patient _____.

If it is essential that this procedure be provided during school hours, we will need your written order on file each new school year. In order to guide us in providing a safe school environment; please provide us with a detailed order of the procedure to take place while at school. Feel free to attach any additional information that may be helpful in caring for your patient.

Student's Name: _____ **Birth date:** _____

Procedure:

Beginning Date: _____ **Ending Date:** _____

Physician's Signature: _____ **Physician's Phone:** _____

Parent's Signature: _____ **Parent's Phone:** _____

We (I) the above signed, who are the parents/guardians of _____ give my permission for the school nurse to communicate with the physician listed above in order to carry out this procedure. Furthermore, we will notify the school nurse immediately if my child's health status changes, we change physicians, or there is a cancellation of the procedure.

Please feel free to contact the school nurse Nicole Piepmeier, R. N. with any questions.

Appleton City R-2 School

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