



UINTAH SCHOOL DISTRICT NURSING SERVICES

Request for Special Health Care Services And Release of Confidential Information

Student's Name

Parent or Legal Guardian's Name

Address

City, State, ZIP

Phone

Daytime Phone

Request for New Health Care Plan

School

Grade

Reauthorization of Existing Health Care Plan

Please describe the student's condition and the service and/or treatment you are requesting to be administered by school personnel.

Parents will be required to supply to Uintah School District Nursing Services a primary health care provider's signed statement describing diagnosis and services to be rendered and that services are medically necessary during school hours.

Name of Primary Health Provider

Phone

Address

City, State & Zip

I hereby indicate that I am the parent or legal guardian of the above named student and that I am requesting that the health care services described above be administered by Uintah School District personnel.

I hereby give permission for the above named health care provider to release medical information relevant to the student's medical condition to Uintah District nurses and for the Uintah District nurses to release information to the health care provider and allow reasonable and appropriate communication.

I understand that health care services may be administered by someone other than a licensed nurse, in accordance with the Utah Nurse Practice Act.

I further understand that health care services will not be provided by Uintah School District personnel prior to the submission of a primary health care provider's statement, if requested, and the development of a Health Care plan by a Uintah School District nurse.

Parent or Legal Guardian's signature

Date



Uintah School District Primary Health Care Provider's Statement

Student's Name

Date of Birth:

Student's Address

Student's City, State & Zip:

Student's School

Student's Grade:

Health Care Provider's Name

Health Care Provider's Phone:

Health Care Provider's Address

Health Care Provider's City, State & Zip

The parent or guardian of this student has requested that Uintah School District provide health care services during school hours. **Uintah School District personnel may not administer health care treatments unless it is medically necessary to treat the student during periods when the student is under the control of the school.** Please complete this form so that an initial assessment of the student's condition can be made to determine whether or not the student qualifies for special services and the nature and extent of any services needed.

Please describe the treatments or interventions required and the method and time schedule for administration:

Continue on the back if necessary or attach instructions to this form on the health care provider's letterhead.

Health Care Provider's Signature

Date