

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Birthdate*

\_\_\_\_\_  
*Parent's Name*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*School*

In order for this student to attend school, it is absolutely necessary that the following services be performed during school hours. If specific training or instruction is necessary, please indicate below.

Service necessary (include detailed specific instructions):

1. Procedure/service to be performed: \_\_\_\_\_  
\_\_\_\_\_
2. Time schedule and/or indication for the procedure: \_\_\_\_\_  
\_\_\_\_\_
3. Specific duties involved in service: \_\_\_\_\_  
\_\_\_\_\_
4. Emergency precautions: \_\_\_\_\_  
\_\_\_\_\_
5. Special Equipment or environment regarding the above service: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Licensed Health Care Provider's Signature*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*FAX*

\_\_\_\_\_  
*Duration of Order (Applicable to current school year only)*

\_\_\_\_\_  
*Date*