North Kitsap School District
A Great Place to Live & Learn

Student Health Services
School Health Consultants
18360 Caldart Avenue NE
Poulsbo, WA 98370
Ph: (360) 396-3580
Fax: 1-888-784-3535

PHYSICIAN'S AUTHORIZATION FOR SPECIALIZED HEALTH CARE SERVICE

Name of student _____DOB_____

1. Physical condition for which the intervention is to be performed:

2. Symptoms/indications for treatment:

3. Interventions ordered:

_____
Physician's signature Phone # Date

_____

PARENT(S)' REQUEST FOR ADMINISTERING PROCEDURE AT SCHOOL
I request that designated, trained staff members provide the above treatment to my child, _____ as ordered by the physician according to the scope of their practice, supervised by the North Kitsap School District School Health Consultant.
Any needed supplies will be furnished by me. I will be available should I be needed to assist school staff for the above treatment.
I give North Kitsap School District staff permission to contact doctors, hospitals, and/or clinics for the purpose of receiving and giving information involving the welfare of my child.
I understand that my signature on this form constitutes a waiver for any liability that may arise in connection with this procedure when performed in accord with this physician's written direction.

_____
Signature of Parent(s) or Guardian Daytime phone # Date

This request will expire at the end of the current school year.