

**Elmont Union Free School District
Elmont, New York**

5283(c)

REQUEST FOR STUDENT TO HAVE A PROCEDURE PERFORMED IN SCHOOL

A. PERMISSION TO PERFORM PROCEDURE:

I _____ am the parent/guardian of _____, grade _____.

I hereby give my permission for my child to have _____ procedure performed as prescribed below by our licensed health care prescriber. The supplies and equipment necessary are to be furnished by me in the properly labeled original containers/wrappings.

Parent/Guardian's Signature: _____

Telephone: Home: _____ Work: _____ Cell: _____

Address: _____ Date: _____

B. PROCEDURE ORDER:

I request that my patient, as listed below, have the following procedure performed as prescribed:

Name of Student: _____ Date of Birth: _____

Diagnosis: _____

Reason for Performing: _____

Name of Procedure: _____

Frequency: _____

Time to be performed during school hours: _____

Duration of Treatment: _____

Possible Side Effects and Adverse Reaction (if any): _____

Other Recommendations: _____

Emergency Parameters (if any): _____

Please Check Procedure to be administered in Summer School following the current school year.

If Needed: Procedure is not required on Field Trips **OR** Procedure is required on Field Trips

Print Licensed Prescriber/Title: _____

Prescriber's Signature: _____ Date: _____

Address: _____ Telephone: _____

**PLEASE INCLUDE OFFICE
STAMP AND SIGNATURE**