



**Bellevue Public Schools**  
**Request and Authorization for Specialized Care Procedure**

NRS 1060 – 5/19

A licensed healthcare professional or appropriately qualified unlicensed assistive personnel as deemed qualified by a licensed healthcare professional will provide the requested treatment according to standard and reasonable nursing practice and physician order.

A signed order from the student's health care provider must accompany each parent request. All requests must be renewed at the start of each school year and whenever there are significant changes in the procedure or the child's condition or needs.

It is the responsibility of parents and guardians to provide the necessary supplies and equipment to the school in order for this procedure to be carried out. Parents and guardians also acknowledge that they are responsible for the cleaning, maintenance, and/or replacement of these materials as needed or as requested by the school nurse.

By signing below, parents and guardians acknowledge that the ordering physician may be contacted by the school nurse for clarification on the procedure requested.

**Please complete the following information and return to the school nurse** at your child's school. If you have any questions, please contact the school nurse.

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Diagnosis or Condition: \_\_\_\_\_

Procedure/Specialized Care Requested: \_\_\_\_\_

Requested Time for the Treatment: \_\_\_\_\_

Supplies and/or Equipment required for the treatment (provided by parent/guardian): \_\_\_\_\_

Detailed description of Procedure including Precautions: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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