

Pickerington Schools

# Request for Specialized Health Care Services Parent Authorization

Name of student: \_\_\_\_\_

I, the undersigned parent or guardian or custodian of the above named student, request that the specialized health care or emergency care service outlined in the attached **Request for Specialized Health Care Services Physician Authorization** form and the attached procedure approved by the physician (hereinafter collectively referred to as "Physician Authorization") be provided to our child, and I hereby advise the Pickerington Schools Board of Education that my child has a medical condition that requires, during school hours or school activities, the health care or emergency service outlined in the attached Physician Authorization.

I agree to provide school district personnel with all necessary drugs, equipment and supplies. I agree to notify the principal or designee immediately if there is any change in the attached procedures or care, in the child's authorizing physician, or in any of the information contained in the attached Physician Authorization.

I authorize school personnel as designated by the principal to provide the attached health or emergency care approved by the physician. I understand that the health or emergency care will be provided by appropriately trained staff and that, unless otherwise indicated, such staff are not trained health care professionals. Training of staff to provide the health or emergency care is limited to that provided by the school nurse as outlined in the teaching module, a copy of which I have been provided.

By signing this Authorization, I agree to release and hold harmless the Board of Education of Pickerington Schools district and its employees, board members, agents, and representatives from any and all liability for damages or injury resulting directly or indirectly from this authorization and from provision of the specialized health care or emergency care described in the attached Physician Authorization.

## Parent Authorization:

Parent, guardian, or custodian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_