

**POMONA UNIFIED SCHOOL DISTRICT
HEALTH SERVICES & PROGRAMS
SPECIALIZED PHYSICAL HEALTH CARE SERVICE
DURING SCHOOL HOURS**

Designated school personnel may assist students who require specialized physical health care services during the school day (Ed Code 49423.5). This service is provided to enable the student to remain in school and to improve the potential for education and learning. Unless otherwise stated this order expires on the last instructional day of the school year or extended school year; e.g. summer school.

STUDENT NAME: _____ **DATE of BIRTH:** _____

SCHOOL OF ATTENDANCE: _____ **GRADE:** ____ **DATE:** _____

1. Name of standardized procedure: _____

2. Condition requiring this procedure: _____

3. Precautions, possible untoward reactions and interventions: _____

4. Time schedule/indication for the procedure: _____

5. Continue procedure until: _____
(Date)

**THIS SECTION TO BE
COMPLETED BY
PHYSICIAN**

Physician: _____
Name (Please Print) (Date)

Signature Telephone

Address: _____ NPI# _____

**THIS SECTION TO
BE COMPLETED BY
PARENT**

I authorize school personnel to administer the above health care to my child as ordered by our physician. I give permission for the School Nurse to communicate directly with our physician as necessary, regarding any concerns or questions related to the specialized physical health care.

Parent/Guardian: _____

Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Does your child attend after school child care? Yes ___ No ___

**ALL NECESSARY EQUIPMENT MUST BE SUPPLIED BY THE PARENT
APPROPRIATE INSTRUCTION AND/OR TRAINING MUST BE PROVIDED TO DISTRICT PERSONNEL**