



Student Health Services

Parent Request for Extraordinary Nursing Services

Student's Name	Birth Date	
Student ID #	School	Grade
School Nurse	Phone	

Date: _____

Summary of nursing needs during the school day: _____

Who meets these needs outside the school day? _____

Are any of your child's care providers licensed? (Registered nurse, licensed practical nurse, etc.)

☐ Yes ☐ No Describe: _____

What special programs help provide nursing needs to your child? (Examples include: Medically Intensive Children's Program, Medicaid Personal Care, private insurance)

Parent Name: _____

Parent Signature: _____

Best Contact Phone Number: _____

Other Phone Numbers: _____