



South Lyon Community Schools

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Linda M. Raye, Director of Special Services

Authorization for Administration of Specialized Health Care Procedures

Students who need specialized health care procedures during the school day must have, in writing, a physician's prescription and parental authorization.

PHYSICIAN'S ORDER

Name of Student _____ DOB _____

Diagnosis: _____

Name of Procedure: _____

Treatment Prescription: _____

Description of Procedure:(If tube feeding, please indicate type of formula and amount to be given at each feeding)

Time/Interval Procedure is to be done: _____

Amount: (If applicable) _____

Precautions and/or possible adverse reactions: _____

Physician: Name _____
(Signature): _____ Date: _____
(Type or Print) _____

I hereby request that school personnel provide my child, _____ the Specific medical procedure as ordered above by his/her physician and will not hold the Board of Education or its personnel responsible for complications related to this procedure.

Parent Signature

Date

Authorization for this procedure is required annually.