

FANNIN COUNTY BOARD OF EDUCATION

Fannin County Schools Staff Development Center

6145 Old Highway 76

Blue Ridge, Georgia 30513

Phone: 706-632-3771 Fax: 706-632-7583

www.fannin.k12.ga.us



REQUEST FOR MEDICAL PROCEDURE

Requests for school nursing services during school hours requires that this statement be filed with the School Nurse.
Consideration of this request will be based on school health guidelines.

School _____	Teacher _____	Grade _____
Student Name _____	Date of Birth ___/___/___	
Address _____		
Telephone _____	Cell Phone _____	
Medical Conditions _____		

HEALTHCARE PROVIDER STATEMENT

The health care provider may be a medical doctor (MD, DO), dentist (DDS), physician assistant (PA), or an advanced nurse practitioner (APRN/NP).

To be completed by health care provider- A new form is required each school year:

Type of Procedure: _____

Frequency of Procedure: _____

Special Instructions: Please detail instructions for tracheostomy care, suctioning, or catheterization care, please describe physical conditions which would require suctioning ordered PRN:

Health Care Provider Name _____

Phone: _____

Address: _____

Fax: _____

Health Care Provider Signature: _____

Date: _____

Pursuant to HIPAA regulations, 45 C.F.R. §164.506 and § 1654.501, I may disclose protected health information regarding this student's treatment activities to be implemented by the school nurse program.

To Be Completed by Parent / Guardian

I understand I am requesting a Medical Procedure to be performed for my child. I understand a qualified individual will perform such a procedure. Changes during the year require a signed authorization from the health care provider. I understand that to properly perform this health care procedure, the school nurse program may require clarification from the health care provider to assist them in the treatment activities I requested. I understand that the health care provider may disclose protected health information in consultation with the school nurse.

Parent / Guardian Name: (Please Print) _____

Parent/ Guardian Signature: _____

Date: _____

The Fannin County School System does not discriminate on the basis of race, color, national origin, sex, age, religion, creed, or disability in admission to its programs, services, and activities, in access to them, in treatment of individuals, or in any aspect of operations. This also includes but is not limited to additions, modifications, or alterations to the physical plan of any school facility.