

**JORDAN SCHOOL DISTRICT NURSING SERVICES  
REQUEST FOR SPECIAL HEALTH CARE SERVICES  
AND RELEASE OF CONFIDENTIAL INFORMATION**

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Parent or Legal Guardian's name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Daytime Phone

**Request for New Health Care Plan**

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

**Reauthorization of Existing Health Care Plan**

Please describe the student's condition and the service and/or treatment you are requesting to be administered by school personnel.

Parents may be required to supply to Jordan School District Nursing Services a primary health care provider's signed statement describing diagnosis and services to be rendered and that services are medically necessary during school hours.

\_\_\_\_\_  
Name of Primary Health Provider

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

I hereby indicate that I am the parent or legal guardian of the above named student and that I am requesting that the health care services described above be administered by Jordan District personnel.

I hereby give permission for the above named health care provider to release medical information relevant to the students medical condition to Jordan District nurses and for the Jordan District nurses to release information to the health care provider and allow reasonable and appropriate communication.

I understand that health care services may be administered by someone other than a licensed nurse, in accordance with the Utah Nurse Practice Act.

I further understand that health care services will not be provided by Jordan School District personnel prior to the submission of a primary health care provider's statement, if requested, and the development of a Health Care Plan by a Jordan School District nurse.

\_\_\_\_\_  
Parent or Legal Guardian's signature

\_\_\_\_\_  
Date