Prairie South Schools 210 Learning together.
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Physician Statement to Support Essential Medical Procedures at School

Parents/Guardians will need to take a copy of this form to the Physician for each visit that may result in a change of medication. All records obtained and created are for educational purposes only and are to be treated as confidential. Student records are for use by educational professionals and as deemed appropriate for necessary programming purposes.

Physician Name: _____ Phone Number: _____

Student Name: _____ Grade: _____ D.O.B. _____

School: _____ School Year: _____

Essential procedure prescribed.

Specific medical restrictions to be addressed by this essential procedure.

Frequency of essential procedure.

Duration of the essential procedure.

Detailed description of any equipment or devices required for the essential procedure and detailed instructions describing all steps to be followed for the essential procedure.

Instructions about the handling and storage of equipment or devices.

Any other information you feel is necessary or relevant to share.

Please check to CONFIRM the following:

☐ This procedure is essential for this child.

☐ This procedure must be administered during school hours.

☐ This procedure cannot solely take place outside of school hours.

☐ This procedure can safely be completed by a non-medical person.

Physician Signature Date