



NEW BEDFORD PUBLIC SCHOOLS

PAUL RODRIGUES ADMINISTRATION BUILDING
455 COUNTY STREET
NEW BEDFORD, MASSACHUSETTS 02740-5194
(508) 997-4511

**AUTHORIZATION FOR SPECIALIZED PHYSICAL
HEALTH CARE SERVICE PROCEDURES**

Name of Student _____ Birthdate _____

Address _____

1. Physical condition for which the standardized procedure is to be performed: _____

2. Name of standardized procedure: _____

3. Precautions, possible untoward reactions, and interventions: _____

4. Time schedule and/or indication for the procedure: _____

5. The procedure is to be continued as above until: _____

(date)

Name of Physician _____

Address _____

(street)

(city or town)

(zip code)

Telephone _____

Physician's Signature

Date

PARENT'S CONSENT

I hereby request that the treatment specified be performed on the above-named child.

Signature of parent/guardian

Date