

FLEMINGTON-RARITAN REGIONAL SCHOOLS

Special Services Department

Copper Hill School

100 Everitts Road

Ringoes, New Jersey 08551

(908) 284-7680

Fax: (908) 284-7685

**PHYSICIAN'S AUTHORIZATION FOR HAVING SPECIALIZED PHYSICAL
HEALTH CARE SERVICE PROCEDURES ADMINISTERED**

Student Name: _____ Birth Date: _____

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

Physician's Signature

Date

Address

Telephone

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

Parent/Guardian Signature

Date