



Quality Learning and Superior Performance for All

1120 Dahlonega Highway • Cumming, Georgia 30040 • Telephone 770.887.2461 • Fax 770.781.6632

PARENT REQUEST FOR PHYSICIAN'S ORDERS

Dear Parent or Guardian:

Student's Name: _____

We would like to request that you and your child's physician complete the attached Specialized Health Care Procedure forms prior to your child's arrival at school. These forms will grant authorization to school personnel to perform or assist with your student's specific procedure(s).

In the event that the forms are not received by the time your child begins school, we request that you provide the services at school. School personnel will not be permitted to perform such services until the forms are completed and received and training is completed on the procedure.

Thank you for your cooperation in this matter. This will assist us in maximizing your student's participation in his/her specialized school program.

Sincerely,

School Principal