

**PARENTAL REQUEST FORM
REQUEST TO ADMINISTER MEDICAL SERVICES**

Student _____ Date of Birth _____

I, _____ (parent/guardian), request that _____

School staff provide the medical services for my child, _____

These medical services are:

Specific time(s) medical services are to be provided:

_____	_____
_____	_____
_____	_____

Parent/Guardian

Date