

Medical Diagnosis(es) Confirmation Template Utah Department of Health & Human Services			School Year:	Picture
			504 Date:	
STUDENT INFORMATION			IEP Date (if applicable):	
Student:	DOB:	Grade:	School:	
Parent:	Phone:	Email:		
Physician:	Phone:		Fax or Email:	
School Nurse:	School Phone:		Fax or Email:	
Plan Initiated by:			Date:	

PARENT		
<i>As parent/guardian of the above named student I give permission for communication between my student's health care provider and the school nurse if necessary for planning the care while my student is in school. I understand that the information contained in any resulting healthcare plan will be shared with school staff on a need-to-know basis and that it is the responsibility of the parent/guardian to notify school staff whenever there is any change in the student's health status or care.</i>		
Parent Name (print):	Signature:	Date:

HEALTHCARE PROVIDER	
As the above named student's healthcare provider I confirm the student has the following medical diagnosis(es):	
Prescriber Name (print):	Phone:
Prescriber Signature:	Date: