

FORM HT -1



Cook County Schools Health Office
Allison Heeren, Registered Nurse
phone 218.387.2271 ext 116
fax 218.387.9746



Form HT-1 Special Procedure Treatment Instruction, Permission to Perform Care and Communication form

General Information

Student or Staff Name:	Grade or Position:
Parent/Guardian Names:	Contact Phone number(s):
Medical Provider:	Clinic Phone number:

Special Procedure/ Treatment for student to be provided while at school:

Title of Care: Purpose of Care:	Time(s) of day to be performed:
School location of care to be performed:	Description of care to be performed:
Persons Authorized to perform care:	Supplies necessary to perform care as provided by guardian: Supplies to be provided by district:

FORM HT -1

Call parent/guardian if:	I give permission to share this information with:
Call emergency services if:	_____ parent _____ principal _____ nurse _____ teacher _____ other
Specific Instructions or other notes:	I give permission for the mutual exchange of information between the district and the clinic/provider listed above for the purposes of continuity of care. In the event your student has an Individual Education Plan, please discuss including this information in the plan.

Physician's Signature/ License number

Date

Parent Signature

Date