Providence Pediatric Specialty Clinic
9427 S.W. Barnes Road, Suite 395
Portland, OR 97225
Phone: (503) 216-6050
Fax: (971) 282-0102
Email: PediatricSpecialty@providence.org

SCHOOL YEARS 2023-2027

PARENTAL RELEASE
Medical Treatment for Children at School

Student Name ______________________________________ Birthdate: ______________

I agree to the standard school orders. I will notify the school of any changes to my child's treatment plan. I hereby request and authorize exchange of information regarding my child's health care between the School Health Nurse, school staff, and the above health care provider and his/her staff.

Parent/Guardian signature: ___________________________ Date: _________________

SCHOOL CONTACT INFORMATION

School Name:_______________________________________ Grade:_________________

School Address: ____

School Fax Number: ____

School Phone Number *(optional)*: ____________________________________

School Nurse/ Staff assigned to student *(optional)*: ______________________________________

Nurse Phone Number *(optional; if different than above)*: ______________________________________

Disclaimer: If the student changes schools or if any of the above information changes, a new Parental Release must be completed.

Clinical Staff: please enter information into Pediatric Specialty Comments and scan document to patient's chart.

Revised 7/5/23 KAC