



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

**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
(Complete the best you can)
School Year 2021-2022**

School: _____

Grade: _____

School Fax: _____

School Phone: _____

School Nurse/ Staff assigned to student: _____

Phone (if different than above: _____

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