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

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| **PARENT** | | |
| *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.* | | |
| Parent Name (print): | Signature: | Date: |

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| **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: |