

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

<b>PARENT</b>		
<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:

<b>HEALTHCARE PROVIDER</b>	
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: