MOORHEAD
AREA PUBLIC SCHOOLS

Health Services
Probstfield Center for Education
2410 14th St S., Moorhead, MN 56560
www.moorheadschools.org
• **Supervisor:** 218.284.3811
• **Fax:** 218.284.3333

PROVIDER'S ORDER FOR PRESCRIBED SERVICES OR TREATMENT

Administrative Procedure: 532.4
Date Adopted: 11/13/2009
Dates Reviewed: 6/8/2015
Section: 500 STUDENTS
Date Revised: 6/8/2015

Name: _____ Date: _____ Grade: _____
School: _____
Address: _____ City: _____ State: _____

Condition to be treated: _____
ICD-10-CM Code: _____
Prescribed procedure/service: _____
Descrition of procedure: _____
_____
Precautions, possible side effects and recommended interventions: _____
_____
_____
Time schedule and/or indications: _____
_____
List of all medications taken by this child (may attach summary): _____
_____
_____

I am aware that this may be administered by non-medically trained staff. I will notify the school if the the PPS or medication changes.

Provider Signature: _____ Date: _____
Provider's Name: _____ Telephone: _____
Address: _____ City: _____ State: _____ Fax: _____

Parental Permission: I hereby give my permission for my child to receive the specialized health care procedure named above and as prescribed by my child's provider. I also give permission for the school to contact the provider related to this procedure.

Parent/Guardian Signature: _____ Date: _____