

**FONTANA UNIFIED SCHOOL DISTRICT
COMPREHENSIVE HEALTH SERVICES**

REQUEST FOR SPECIALIZED HEALTH CARE SERVICE

We (I), the undersigned, who are the parents/guardians of _____

_____, request that the following specialized physical health care services
(Birthdate)

be administered to our child in accordance with Education Code Section 49423.5 and California
Administrative Code, Title 5, Sections 3112(s) and/or 3797:

We understand that the school administrator will appoint a qualified designated person(s) who, in accordance
with Education Code Section 49423.5, will be performing the above mentioned health care service.

REVIEWED BY R.N. _____ DATE _____

**DISTRITO ESCOLAR UNIFICADO DE FONTANA
SERVICIOS DE SALUBRIDAD**

SOLICITUD DE SERVICIOS DE SALUD ESPECIALIZADOS

Nosotros (Yo), los abajo firmantes, padres/tutores de: _____
(Nombre del Estudiante)

, solicitamos que los siguientes servicios de salud física