



Student Services Office  
520 NW Wall St.  
Bend, OR 97703  
541-355-1060

# Request for Direct Care Nursing Service

Date request submitted: \_\_\_\_\_

Choose one:

<input type="checkbox"/> <b>Off-Campus Field Trip</b> 1. For scheduling purposes, email completed form to the Assistant Director of Health Services and the school nurse at least 14 days prior to the scheduled activity for approval. 2. Assistant Director of Health Services will email the signed copy to the school nurse and requesting teacher.	<input type="checkbox"/> <b>After School Activity</b> 1. For scheduling purposes, email completed form to the Assistant Director of Health Services and the school nurse at least 10 days prior to the scheduled activity for approval. 2. Assistant Director of Health Services will email the signed copy to the school nurse and requesting teacher.
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School: \_\_\_\_\_  
 Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID# \_\_\_\_\_  
 Name of staff requesting: \_\_\_\_\_ Phone: \_\_\_\_\_  
 After-school event Supervisor (teacher, etc.): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Activity: \_\_\_\_\_ Activity date(s): \_\_\_\_\_ Time(s) of Activity: \_\_\_\_\_  
 Nurse to cover activity: \_\_\_\_\_  
 Advance arrangements made (describe if any): \_\_\_\_\_  
 Transportation (bus, parent, etc.): \_\_\_\_\_

Cell phone coverage?  Yes  No

Brief description of nursing care needed for activity: \_\_\_\_\_

Please indicate: \_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ Neither

Teacher's Signature:	Date:
Site Administrator's Signature:	Date:
School Nurse's Signature:	Date:
Asst. Dir. Health Services Signature:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved (list reason):	

**\*Please do not tell parent/student that approval has been granted until approved by Asst Dir of Health Services**

Once signed by Asst Dir of Health Services, please place original in student's cumulative file.

"It is the practice of the Bend-La Pine Schools Special Programs department to support students in need of advanced supports such as nursing or intensive behavior supports while at off-campus district sponsored events such as field trips or after school activities. Unless participation presents an "unacceptable risk" to a student's "health or safety", the district will attempt to provide supports for field trips and after school activities that have clear educational benefits subject to the unique needs of each student as identified by the IEP team".