San Francisco Unified School District
Student and Family Services Division
1515 Quintara St.
San Francisco, CA 94116

Request for School District Nursing Consultation

Student: _____ ____
Last **First** **Middle** **Gender**

_____ _____ _____ _____
School **Grade** **Birthdate** **Ethnicity**

_____ _____
Address/Apartment Number/City/Zip **Parent/Caregiver/Guardian**

_____ _____
Parent/Caregiver Telephone Number(s)/Email **Home Language(s)**

Program: ☐**General Education** ☐**Section 504** ☐**Special Education** ☐**Other:** _____

REASON FOR REFERRAL: Briefly state the student's medical condition(s) or diagnosis that may require a health assessment and/or health-related services.

HISTORY: Briefly state related health and social information (activity limitations, special diet, classroom behavior, social interaction, etc.) (attach another sheet if needed)

PROCEDURES, MEDICATION, EQUIPMENT & ACCOMMODATIONS: Briefly state any current specialized healthcare procedures (include frequency & time of day), medications (include route, frequency & time of day), medical equipment, transportation accommodations, etc.) (attach another sheet if needed)

Please attached the following documents:

- **Emergency Card**
- **Release of Information with Medical Provider**
- **Health Documents** (care plans, medical records, etc.)

If applicable:

_____ _____ _____ _____
SST Date **Initial IEP/504 Date** **Triennial Date** **Special Ed/504 Eligibility Designation**

_____ _____
Case Manager **Case Manager Email /Telephone/ Fax**

- **Check here if you wish a case consultation before the School Nurse's initial contact with the family.**

_____
Requestor Name **Title/Position** **Phone/Email** **Referral Date**

Submit completed form to the SFUSD Nurse of the Day via the Student and Family Resource Link: call 415-340-1716 (M-F, 8:30 a.m.-3:30 p.m.), email familylink@sfusd.edu, or complete an online request form.