



Referral to Health Care Provider

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

| | | | |
|-------|----------------|------|---------|
| Date: | Students Name: | DOB: | School: |
|-------|----------------|------|---------|

Dear Healthcare Provider:

The student named above is being referred for your medical attention.

Reason for referral:

Please indicate below any helpful information regarding your findings and follow up recommendations. I may be contacted at the telephone number listed below should additional information be needed.

School Nurse Signature

Phone Number

HEALTH CARE PROVIDER'S REPORT TO SCHOOL

Recommendations, treatment for nursing care and follow-up:

Date

Health Care Provider Signature

Phone Number

Health Care Provider's Name Printed or Type