

Referral for Student Health Condition

Please submit this referral to healthteam@hcoe.org **annually** for any student who:

1. has a health condition which requires school health services **OR**
2. needs an assessment to determine if there is a need for school health services

The Humboldt County Office of Education (HCOE) Health Team will respond to all complete referrals to arrange student assessment and training and indirect supervision of designated school staff. Please include a parent/guardian signed **Release and Exchange of Confidential Information** form that identifies the student's healthcare providers with each referral.

Student name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/guardian name: _____ Phone Number: _____

Parent/guardian name: _____ Phone Number: _____

Student health condition: _____

Specialized physical healthcare procedure(s): _____

Student medication at school: _____

Please check all that apply:

Student has an IEP

Student has a 504 Plan

Student needs an updated 504 Health Plan Assessment

Name of person submitting this form: _____ Date: _____

Please attach signed **Release and Exchange of Confidential Information** for each referral.

Revised 8/23/2023