

1525 Sherman St, B76

Denver, CO 80203

303.866.3299

[**www.csi.state.co.us**](https://www.csi.state.co.us)

(Enter name of CSI School)

**PLAN FOR MEDICALLY NECESSARY TREATMENT AT SCHOOL**

Student Name: Student ID # and Date of Birth: Parent/Guardian Name(s) & telephone number:

Name and Contact Information for private health care specialist who will provide proposed medically necessary treatment on school property

Treatment to be provided on school property:

Location:

Schedule:

|  |  |  |
| --- | --- | --- |
| School administrator | Signature | Date |
| Parent/Guardian Name | Signature | Date |
| Private Health Care Specialist | Signature | Date |