



School Request Form

Cincinnati Children's Hospital is committed to fostering collaboration, coordination, and care across education and healthcare systems.

This form is not intended for specific student/patient information.

- If you are a school team member needing medical forms or student information, please encourage family to reach out directly to their Cincinnati Children's Hospital provider
- If you are a parent/caregiver looking for School Services support, please talk to your Cincinnati Children's Hospital provider about a referral

***Required fields**

*First Name:

*Last Name:

*Title: School nurse
School psychologist/counselor
Administration/District Personnel
Teacher
Other

*Email:

*Phone Number:

State:

County:

*Type of Request: Disease Education
School-Based Health Clinical Services
Data
Resources
Other

*Please briefly describe your request: