

School Name Contracted Services of School Health Advisor

This contract service agreement is in accordance with the provisions of Section 6402-A of Title 20-A of the Maine Revised Statutes. The Contract for School Physician services is between:

Name of School District: _____

Name of School Physician: _____

Dates of contractual services _____ to _____. Services to be provided:

- Provide consultation to the school nurse(s)
- Meet regularly with the school nurse(s), minimum frequency _____
- Review School-Health policy/procedure at least annually
- Participate on the school health advisory team
- Advocate for school health with other local physicians as appropriate
- Develop standing orders
- Other, specify: _____

The School Physician should arrange coverage when unavailable. Compensation will be in the amount of \$ _____. The method of payment: _____

The process for billing the school district: _____

Other contingencies: _____

Superintendent of Schools _____ (print name)

Signature _____ Date: _____

School Physician _____ (print name)

Signature _____ Date: _____

Address _____