

*School Name*  
**Contracted Services of School Physician**

This contract service agreement is in accordance with the provisions of Section 6402 of Title 20-A of the Maine Revised Statutes.

The Contract for School Physician services is between Name of School District and 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:

Compensation will be in the amount of \$\_\_\_\_\_.

The method of payment:

The process for billing the school district:

Other contingencies:

Date \_\_\_\_\_ Superintendent of Schools \_\_\_\_\_  
(print name)

Signature \_\_\_\_\_

Date: \_\_\_\_\_ School Physician \_\_\_\_\_  
(print name)

Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_