

FORT BEND INDEPENDENT SCHOOL DISTRICT
School Health Services

**Physician/Parent Request For Administration of
Special Procedures by School Personnel**

The FBISD requires the following for any student who needs a special procedure(s) during school hours:

- A. Written physician's order and the procedure protocols.
- B. Written permission for the procedure signed by the parent/legal guardian.
- C. Necessary supplies and equipment (provided by the parent).

NOTE: Written request must be obtained each school year and/or when a change in procedure occurs.

Student: _____ DOB _____ School _____

Address _____ City _____ Zip _____

Condition for which prescribed treatment is required _____

Specific procedure _____

Specific time(s) and/or indication for the procedure _____

Length of time to be continued _____

Previous, unfavorable reactions _____

Precautions needed if student is to ride the school bus _____

Personnel needed to perform procedure (specify whether a nurse or other qualified school employee can be trained to perform the procedure). _____

Printed Name of Physician

Signature of Physician

Office Address

Office telephone #

Fax #

Date

PARENTS:

I, the undersigned, parent/guardian of _____, request that this procedure be **administered** to my child by school personnel.

Name _____ Relationship _____ Date _____

Signature _____ Daytime phone number _____