



**Carroll ISD Health Services
Parental Authorization- School Health Services**

Parent please answer:	
Special Ed services?	yes / no
Active 504 plan?	yes / no
I would like 504 information	yes / no

Name: _____ D.O.B.: _____ Grade/Teacher: _____
 Parent/Guardian: _____ Phone: _____
 Parent/Guardian: _____ Phone: _____
 Transportation: Car rider Walker Drives self Rides bus # _____
 Before/After school activities: Athletics Band Club: _____ Tutoring Other _____

Diagnosis/Significant medical history: _____

Allergies: _____

Additional Medical History:	
Nutrition/ Hydration Needs:	
Elimination/ Toileting/ Skin Care Needs: <input type="radio"/> Diaper change every 2 hours and as needed <input type="radio"/> Toileting plan per Special Education Department	
Mobility Needs: <input type="radio"/> Physical Activity Restrictions: <input type="radio"/> Modifications <input type="radio"/> Two-person transfer required <input type="radio"/> Other	
Health Equipment/ Supplies at School (supplied by parent)	
Medications to receive at school- daily and as needed:	
Special Procedures/ Treatments Needed While at School:	
Emergency Plan	
If these warning signs/ symptoms appear:	The action to take is:
Please write additional orders on the back or attach additional sheets as needed.	

I request that the above health care/ personal care service be administered to my child. I understand that a qualified designated person(s) will be performing the above-mentioned health care service and that they will be using a standardized procedure that I have reviewed. I will notify the school immediately if the health status of my child changes, if we change physicians, or if there is a change or cancellation of the health care service.

I grant permission to Carroll ISD to follow the above plan for my child. I am giving permission to CISD to contact my physician for additional information as necessary. If the school nurse deems necessary, I grant permission to notify my student's teacher of his/her health plan.

Physician- Print Name:	Physician Phone:
Parent/ Guardian Signature:	Parent/ Guardian Phone: