



Pearland Independent School District

SPECIAL PROCEDURE PHYSICIAN'S AUTHORIZATION FORM

Date: _____

In order to provide health care for your child, please have the following form completed by your physician. Parent demonstration must be done prior to the procedure being performed by school personnel.

Student: _____ DOB: _____ Grade: _____ Campus: _____

1. Condition for which the standardized procedure is to be performed: _____

2. Procedure name: _____
3. Precautions, possible reactions, and interventions: _____

4. Time schedule and/or indication for procedure: _____

5. Procedure is to be continued as above until: _____
6. The procedure may be carried out by trained school personnel other than the nurse when deemed necessary. Yes _____ No _____

If no, the parent is responsible for performing the procedure.

I hereby request that the treatment specified above be performed on the above-named student.

Physician's Name _____ Phone _____
Please Print

Physician's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent Demonstration Date _____ Parent Signature _____

Nurse's Signature _____ Other Personnel _____



Pearland Independent School District

SPECIAL PROCEDURE AUTHORIZATION

Dear Parent or Guardian:

Since your child is receiving or being assisted with a special treatment or procedure during school hours, a written physician's authorization must be provided to the campus **each school year**.

Enclosed is a copy of the physician's authorization form. Please return this form, with all needed supplies to perform the procedure on the first day of school. Please make arrangements to demonstrate the procedure before school personnel perform it. If there is a nurse assistant in the clinic at your child's campus, please make sure the clinic nurse is present for the procedure demonstration. This is particularly important if your child is new to the school or if there have been changes in school personnel that will be performing the procedure. If you have questions regarding whether a demonstration should be done, please contact your school nurse. This will ensure continuity of care for your child.

Sincerely,

Pearland ISD Health Services

Example of Procedures:

Catheterization (Self, assisted or performed by school personnel)

Tube feedings

Tracheotomy suctioning

Etc.