

**HURST-EULESS-BEDFORD I.S.D.
HEALTH SERVICES DEPARTMENT**

**SCHOOL HEALTH SERVICES FORM FOR
SPECIALIZED HEALTH CARE PROCEDURE**

The Hurst-Euleless-Bedford Independent School District Health Services Department personnel or other designated employees will provide health procedures when they are required for students to remain in school. These services will be provided only upon:

- (1) A written order from the student's physician
- (2) An authorization from the parent or guardian

Physician's Request for School Health Services

Name of Student: _____ School: _____

Based on my evaluation as a licensed physician, the above named student requires the following health care services(s) in order to be educated at school:

Name of Procedure(s): _____

Physical condition for which procedure(s) is to be performed: _____

Effective from: _____ through _____

Times scheduled and indicated for procedure(s): _____

Physician's directions: _____

Precautions, possible reactions: _____

Circumstances in which the physician should be contacted: _____

Physician's Name (PRINT) _____ Signature _____

Date: _____ Address: _____ Telephone: _____

Parental Consent: I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district that have a need to know for legitimate educational purposes. I request that the above procedure(s) be administered to my child and will furnish any necessary equipment.

Parent/Guardian Signature

Date