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 when the nurse is not available.

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

Physician's Name _____**Phone**_____
Please Print

Physician's Signature _____**Date**_____

I hereby request that the above-mentioned procedure be administered to my child during school hours, in accordance with the physician's orders. I will supply all materials necessary for the proper execution of this treatment. I authorize the school nurse to communicate with my child's physician as needed to obtain additional information relevant to my child's care. I further agree to promptly inform the school of any changes in my child's health status, a change in physician, or any modifications or discontinuation of the prescribed procedure.

Parent/Guardian Signature _____**Date**_____

Parent Demonstration Date_____

Nurse's Signature_____**Date**_____

Trained Personnel_____**Date**_____

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