



Department of
Health Services

North East Independent School District

8961 TESORO DRIVE – SAN ANTONIO, TEXAS 78217

PHYSICIAN/PARENT REQUEST FOR ADMINISTRATION OF PROCEDURES/TREATMENTS

The North East Independent School District requires the following for all students who require procedures/treatments during the school day:

- A. Written physician's order (see below).
- B. Written permission signed by the parent or legal guardian (see below).
- C. Supplies and equipment necessary for procedure/treatment.

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

STUDENT: _____ **DATE OF BIRTH:** _____ **GRADE:** _____

SCHOOL: _____ **SCHOOL NURSE:** _____ **FAX:** _____

Condition for which prescribed treatment is required: _____

Specific time(s) and method of treatment: _____

Length of time to be continued: _____

Special instructions (equipment used: type, size, etc.): _____

Precautions/untoward reactions: _____

Precautions needed if student is to ride school bus: _____

BY SIGNING THIS FORM I UNDERSTAND I AM GIVING THE SCHOOL NURSE AUTHORIZATION TO CONTACT THE DOCTOR IF THE NURSE HAS ANY QUESTIONS REGARDING THE ADMINISTRATION OF THE PROCEDURES/TREATMENTS LISTED ABOVE.

Printed Name of Physician

Signature of Physician

Physician Address

Physician Phone Number

Date

Signature of Parent/Guardian

Parent/Guardian Phone Number