



Department of  
Health Services

# North East Independent School District

8961 TESORO DRIVE – SAN ANTONIO, TEXAS 78217  
Phone (210) 804-7147, Fax (210) 804-7171

## 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