## SAN ANTONIO INDEPENDENT SCHOOL DISTRICT STUDENT HEALTH SERVICES DEPARTMENT

## SPECIAL PROCEDURES REQUEST FORM SCHOOL YEAR 20\_\_\_ - 20\_\_\_

## **Note to Parents/Guardians:**

The San Antonio Independent School District requires that all students who need a special procedure during school hours must do the following:

- A. Present a written physician's order (see form below). Complete one form for each procedure.
- Present a written permission form signed by the parent or legal guardian (see form below). B.
- C. Furnish the required supplies and equipment to the school.

PLE	ASE NOTE:			n school year and/or when a change in to the Food & Child Nutrition Services
Name of Student:			DOB:	ID#:
Address:			School:	
****	******		**************************************	**************************************
1.	Diagnosis:			
2.	Name of Procedure:			
3.	Specific time(s) procedure is to be done at school:			
Pı	rinted Name of P	hysician	Signature of Physicia	n
Date			Telephone Number of Physician	
****	*******		**************************************	**************************************
give	my permission for	r my child to be photogra	phed for identification purposes	we the above procedure as directed. I also sonly. I also give my permission for my for the duration of the school year.
Parent's / Guardian's Signature			Date	/
			Home Teleph	one / Work Telephone

H-213 Rev. 11/2011