

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.
- B. Present a written permission form signed by the parent or legal guardian (see form below).
- C. Furnish the required supplies and equipment to the school.

PLEASE NOTE: Written request form (H-213) must be obtained each school year and/or when a change in procedure occurs. Dietary orders will be forwarded to the Food & Child Nutrition Services Department.

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_ School: \_\_\_\_\_

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**TO BE COMPLETED BY PHYSICIAN**

1. Diagnosis: \_\_\_\_\_

2. Name of Procedure: \_\_\_\_\_

3. Specific time(s) procedure is to be done at school: \_\_\_\_\_

\_\_\_\_\_ and length of time to be continued \_\_\_\_\_

Special instructions (precautions, possible untoward reactions, interventions):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number of Physician

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**TO BE COMPLETED BY PARENT**

I, \_\_\_\_\_, give permission for my child to receive the above procedure as directed. I also give my permission for my child to be photographed for identification purposes only. I also give my permission for my child's physician to share written or verbal information with the school nurse for the duration of the school year.

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone / Work Telephone