

FORT WORTH INDEPENDENT SCHOOL DISTRICT
Health Services

Specialized Health Care

The Fort Worth Independent School District Health Services Department provides specialized health care procedures when they are required for students to remain in school. The school nurse will coordinate these procedures in the building(s). The Specialized Health Care provided is based on the physician's diagnosis and the physician's signed order and parent/guardian consent.

Name of Student: _____

DOB: _____

Based on my evaluation as a physician/nurse practitioner, the above named student requires health services in order to be educated in school:

Name of procedure(s) (Please include name and dosage or medication if applicable):

Effective from: _____ through: _____

Physician's condition for which procedure is to be performed:

Times scheduled and indication for procedure: _____

Physician's Directions: _____

Circumstances when the procedure is to be performed: _____

The following person(s) as designated by the principal, may be trained by the school nurse to perform the above listed procedure(s): Teacher, Assistant Teacher, Aide, Secretary/Clerk, and/or other _____

Date: _____ Address: _____

Telephone: _____ Fax: _____

FORT WORTH
Health Services Department

Parent's Request for Special Health Services

I, the undersigned, parent/guardian of _____
D.O.B. _____ request that the following specialized health care(s) be
be administered to my child during school hours.

I understand that I am responsible for providing all medications and equipment needed to perform the service.

I release those persons designated by a physician/ licensed prescriber to perform the service from all liability.

I understand that whenever possible the specialized health care service shall be provided before or after school hours.

I give permission for the school to contact me and any questions that arise with regard to the service.

I will notify the school immediately if the health status of my child changes. If I change physician/ licensed prescriber or if the procedure is changed, I will notify the school.

Signature of Parent/Guardian

Date: _____

Home Phone: _____

Work Phone: _____

Note: This form must be replaced as needed...