



Houston Independent School District  
Health and Medical Services

## Physician's Request for Performance of Treatment at School Building During School Hours

Name of child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Etiology: \_\_\_\_\_

Date of onset: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Type of procedures to be performed: \_\_\_\_\_

\_\_\_\_\_

How often or at what time? \_\_\_\_\_

Specific recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Precautions, possible untoward reactions, and interventions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other pertinent history or physical findings that may affect this procedure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Type or Print Physician's Name

\_\_\_\_\_  
Telephone Number

Physician's request must be renewed at the beginning of each school year. Any change of treatment must be requested in writing by the physician.



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## Parent Consent for Treatment to be Performed by School Personnel

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To the Principal of: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

In order to keep my child in optimal health and to help maintain his/her school performance, it is necessary that he/she receive \_\_\_\_\_ during school hours.

I hereby release the Houston Independent School District and any of its employees from liability in carrying out this treatment. Should my child manifest any of the following symptoms \_\_\_\_\_ caused by the above procedure, please contact \_\_\_\_\_ at \_\_\_\_\_ and/or my child's physician \_\_\_\_\_ at \_\_\_\_\_ immediately.

I agree to cooperate with school personnel to the best of my ability in following the treatment or care that has been recommended by the physician for my child.

It is my understanding that school personnel cannot perform this procedure unless treatment during school hours is ordered in writing by a physician.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date