



Home of the New Braunfels Unicorns!

# New Braunfels Independent School District

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## Physician and Parent Authorization for Special Health Care

Name of student \_\_\_\_\_ Birth date \_\_\_\_\_

### To Be Completed By The Physician:

1. Physical condition for which the standardized procedure is to be performed: \_\_\_\_\_

2. Name of standardized procedure: \_\_\_\_\_

3. Precautions, possible reactions, and interventions: \_\_\_\_\_

4. Time schedule and/or indication for the procedure: \_\_\_\_\_

5. Procedure to be continued as above until: \_\_\_\_\_

6. Procedure to be performed by: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone

### To Be Completed By Parent or Guardian

We will notify the school immediately if the health status of my child changes, we change physicians, or the procedure is changed or cancelled. We understand that, whenever possible, the specialized physical health care service should be provided before or after school hours.

I request this procedure be performed on my child according to the above instructions. I authorize the physician to release medical information regarding my child to school health or administrative personnel:

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone