



Pearland Independent School District

SPECIAL PROCEDURE FORM

Dear Parent or Guardian:

Date _____

In order to insure adequate health care for your child, please have the following form completed by your physician. Parent demonstration must be done prior to the procedure being done by school personnel.

STUDENT _____ DOB _____ Grade _____ Campus _____

1. Condition for which the standardized procedure is to be performed: _____

2. Procedure name: _____

3. Precautions, possible reactions, and interventions: _____

4. Time schedule and/or indication for procedure: _____

5. Procedure is to be continued as above until: _____

6. The procedure may be carried out by trained school personnel other than the nurse when deemed necessary. Yes _____ No _____

If no, the parent is responsible for performing the procedure.

I hereby request that the treatment specified above be performed to the above named child.

Physician's Name _____ Phone _____
Please Print

Physician's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent Demonstration Date _____ Parent Signature _____

Nurse's Signature _____ Other Personnel _____



Pearland Independent School District

SPECIAL PROCEDURE PHYSICIAN'S AUTHORIZATION FORM

Dear Parent:

Since your child is receiving or being assisted with a special treatment or procedure during school hours, a written physician's authorization must be provided to the district each school year.

Enclosed is a copy of the physician's authorization form. Please return this form, with all needed supplies to perform the procedure, at registration or on the first day of school. Please make arrangements to demonstrate the procedure the way you would perform it at home, before it is performed by school personnel. This is particularly important if your child is new to this school or if there have been changes in school personnel that will be performing the procedure. If you have questions regarding whether a demonstration should be done, please contact your school nurse. This will assure a continuity of care for your child.

Sincerely,

Pearland ISD Nurses

Example of Procedures

Catheterization (Self, assisted or performed by school personnel)

Diabetic glucose testing or insulin administration

Tube feedings

Tracheotomy suctioning

Etc.