

**Parent/Physician Request to Perform Health Care Procedure by
School Personnel Form**

**Denton ISD
Date: 2/2025**

Request Date		Procedure Start Date		Procedure End Date	
Student's Name				Grade	
Teacher or Team #		Name of Procedure			
Diagnosis or description of disability/special health need					
Equipment/supplies needed					
Times/frequency and indication for procedure					
Precautions, complications, and needed actions					
Level of care	<input type="checkbox"/> Needs supervision/assistance <input type="checkbox"/> Independent				
Other Instructions (if indicated)					
Physician's name		Physicians Phone			
<p>I, the undersigned parent/guardian of _____ request that the above-named health care procedure be administered to my child. I understand that it is my responsibility to provide the necessary equipment and supplies. I understand that the school administration will appoint designated unlicensed personnel who have been trained by Denton ISD Health Services to perform prescribed health care procedure. I agree to notify the school immediately if the health status of my child changes, physician changes, or the procedure is canceled or changed in any way. I authorize the school's nurse to consult with the prescribing physician to clarify this procedure, or to discuss the student's response to the prescribed procedure as needed per law (Nurse Practice and Medical Practice Acts of Texas). I understand that if the consent for the nurse and the doctor to consult regarding this procedure is not granted or is revoked, it may not be possible for school personnel to administer or perform the procedure as prescribed above. I acknowledge that this form is only valid for one school year, and I will be required to submit a new form each school year.</p> <p><input type="checkbox"/> I DO NOT authorize Denton ISD to designate unlicensed school personnel who have been trained by Denton ISD Health Services to perform prescribed health care procedure. I understand that if my child is unable to provide his/her own care and the school nurse is unavailable, the parent/guardian will be contacted to provide care.</p>					
Parent/Guardian's Signature					
Home Phone		Work or Other Phone			
Physician's Signature *					
Physician's Phone		Physician's Fax			