Carroll ISD Health Services
Parental Authorization- School Health Services 2020-2021

Parent please answer:
Special Ed services? yes / no
Active 504 plan? yes / no
I would like 504 information yes / no

Name:_______________ D.O.B.:__________ Grade/Teacher:_______________
Parent/Guardian: _______________ Phone: _______________
Parent/Guardian: _______________ Phone: _______________
Transportation: ☐ Car rider ☐ Walker ☐ Drives self ☐ Rides bus # __________
Before/After school activities: ☐ Athletics ☐ Band ☐ Club: __________ ☐ Tutoring ☐ Other__________

Diagnosis/Significant medical history:____

Allergies:____

Additional Medical History:	
Nutrition/ Hydration Needs:	
Elimination/ Toileting/ Skin Care Needs: ◯ Diaper change every 2 hours and as needed ◯ Toileting plan per Special Education Department	
Mobility Needs: ◯ Physical Activity Restrictions: ◯ Modifications ◯ Two-person transfer required ◯ Other	
Health Equipment/ Supplies at School (supplied by parent)	
Medications to receive at school- daily and as needed:	
Special Procedures/ Treatments Needed While at School:	
Emergency Plan	
If these warning signs/ symptoms appear:	The action to take is:
Please write additional orders on the back or attach additional sheets as needed.	

I request that the above health care/ personal care service be administered to my child. I understand that a qualified diesgnated person(s) will be performing the above-mentioned health care service and that they will eb using a standardized procedure that I have reviewed. I will notify the school immediately if the health status of my child changes, if we change physicians, or if there is a change or canellation of the health care service.

I grant permission to Carroll ISD to follow the above plan for my child. I am giving permission to CISD to contact my physician for additional information as necessary. If the school nurse deems necessary, I grant permission to notify my student's teacher of his/ her health plan.

Physician- Print Name:	Physician Phone:
Parent/ Guardian Signature:	Parent/ Guardian Phone: