

ROUND ROCK INDEPENDENT SCHOOL DISTRICT
Round Rock Independent School District
Health Services Department

SPECIAL PROCEDURE DIRECTIVE

The Round Rock Independent School District requires that all students who need a special procedure(s) during school hours must provide the following:

- A. Completed form with parent and physician's signatures.
- B. All required supplies and equipment for completion of the procedure.**
- C. Updated form when a change in procedure occurs.

Name of Student

Date of Birth

Condition for which prescribed treatment is required: _____

Procedure: _____

Time of treatment /procedure: _____

Instructions: _____

Equipment (type, size, etc.): _____

Precautions / Reactions: _____

Instructions if student is to ride school bus: _____

Printed Name of Physician

Physician's Signature

Telephone Number

Date

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TO BE COMPLETED BY PARENT:

I, the undersigned parent/guardian of _____, request the above procedure be administered to my child by school personnel.

Parent/Guardian Signature

Relationship

Phone Number