

Odem Edroy Independent School District  
P O Box 727  
Odem, Texas 78370  
Phone 361-368-6411 ext 238, Fax 361-368-2317

The Odem Edroy ISD requires the following for all students who require procedures/treatments during the school day:

1. Written Physician orders
2. Written permission signed by the parent or legal guardian (see below)
3. Supplies and equipment necessary for procedure/treatment

PLEASE NOTE: Written request form must be obtained each school year and/or when a change in procedure occurs.

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Condition for which prescribed treatment is required: \_\_\_\_\_

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Specific time(s) and method of treatment: \_\_\_\_\_

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Length of time to be continued: \_\_\_\_\_

Special Instructions (equipment used: type, size, etc): \_\_\_\_\_

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Precautions/untoward reactions: \_\_\_\_\_

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Precautions needed if student is to ride school bus: \_\_\_\_\_

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Printed Name of Physician

Signature of Physician

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Physician Address

Physician Phone Number

Date

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Signature of Parent/Guardian

Parent/Guardian Phone Number