Houston County Board of Education

Health Related Services

Physician's Authorization For Having Specialized Physical Health Care Service Procedures Administered

Name of Student: _____ Student ID #: _____

DOB: _____ School: _____

1. Physical condition/Diagnosis for which the standardized procedure is to be performed:

   _____

2. Name of standardized procedure: _____

3. Special Instructions for procedure: _____

   _____

   _____

4. Can the student perform the procedure independently? Y _____ N _____

5. Precautions, possible untoward reactions, and interventions: _____

   _____

6. Time schedule and/or indication for the procedure: _____

   _____

7. Can the parent/guardian make adjustments to procedure: Y___ N ____.

   If yes, Please explain _____

   _____

8. The procedure is to be continued as above until: _____
   Date

_____ _____
Physician's Signature Date

_____ _____
Address Telephone

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

_____ _____
Signature of Parent/Guardian Date

(478) 988-6200, Ext: 3554 *Fax: (478) 328-1407*

HOUSTON COUNTY BOARD OF EDUCATION
HIGH-ACHIEVING STUDENTS