

Spring Branch Independent School District

**HEALTH SERVICES**

Eligibility Report

**Physician's Statement for Administration of Special Health Care Services**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ School \_\_\_\_\_

\*It is necessary that special health care services be administered during school hours in order to maintain this child's physical health, support school performance and/or transportation requirements.

Health Service prescribed \_\_\_\_\_

Condition for which service is prescribed \_\_\_\_\_

Frequency \_\_\_\_\_ Duration \_\_\_\_\_

Method of Administration \_\_\_\_\_

Equipment Needed \_\_\_\_\_

Equipment Care Method \_\_\_\_\_

Special Instructions \_\_\_\_\_

Possible Reactions \_\_\_\_\_

(Please contact child's parent/guardian or my office)

**To the Physician: Please *initial* the appropriate box below:**

- I have reviewed/approved the attached standardized procedure as written
- I have reviewed/approved the attached standardized procedure with written modifications
- I have attaché my alternate/additional procedure and/or recommendations.

**To the physician: Indicate unlicensed personnel who may perform this service with indirect supervision.**

\_\_\_\_ Nurse assistant \_\_\_\_ Teacher \_\_\_\_ Classroom Assistant \_\_\_\_ Office Staff \_\_\_\_ Transportation Assistant

- I certify that this student is under my continuing care, which includes monitoring his/her continuing need for the services and any needed modifications of the services prescribed above.

\_\_\_\_\_  
Licensed Physician's Name (Please Print)

\_\_\_\_\_  
Licensed Physician's Signature (Original)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

I hereby grant permission for the school nurse and/or other school personnel so designated to administer this health service to my child according to the physician's statement given above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

R: 04/03

\* Denoted items required by Special Education