



**Schertz-Cibolo-Universal City Independent School District**  
*Health Services*  
**1060 Elbel Road, Schertz, Texas 78154**

**Physician Request for Special Health Procedure**

Student: \_\_\_\_\_ School: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School Nurse: \_\_\_\_\_

SCUCISD requires that the parent or guardian of students with special health problems have their physician provide the school with an annual report of the child's special health needs and requirements for any specialized health care.

Information needed includes the nature of the health problem, procedures to be performed at school, specific directions on administering medication, and/or restrictions placed on the student's participation in physical education classes or other activities.

Please have your physician complete those items applicable and return this form to the school nurse. For additional information, please contact the campus nurse. **Thank you.**

1. Physical Condition/Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

2. Special procedures/Specific instructions (tube feedings, catherization, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Specific emergency measures and/or precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Any restrictions/length of time: (P.E., etc.) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number of Physician

I request that the above procedure be performed for my child \_\_\_\_\_ while at school. I understand that a designated person trained by the RN will be performing my child's care when the RN is unavailable.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date