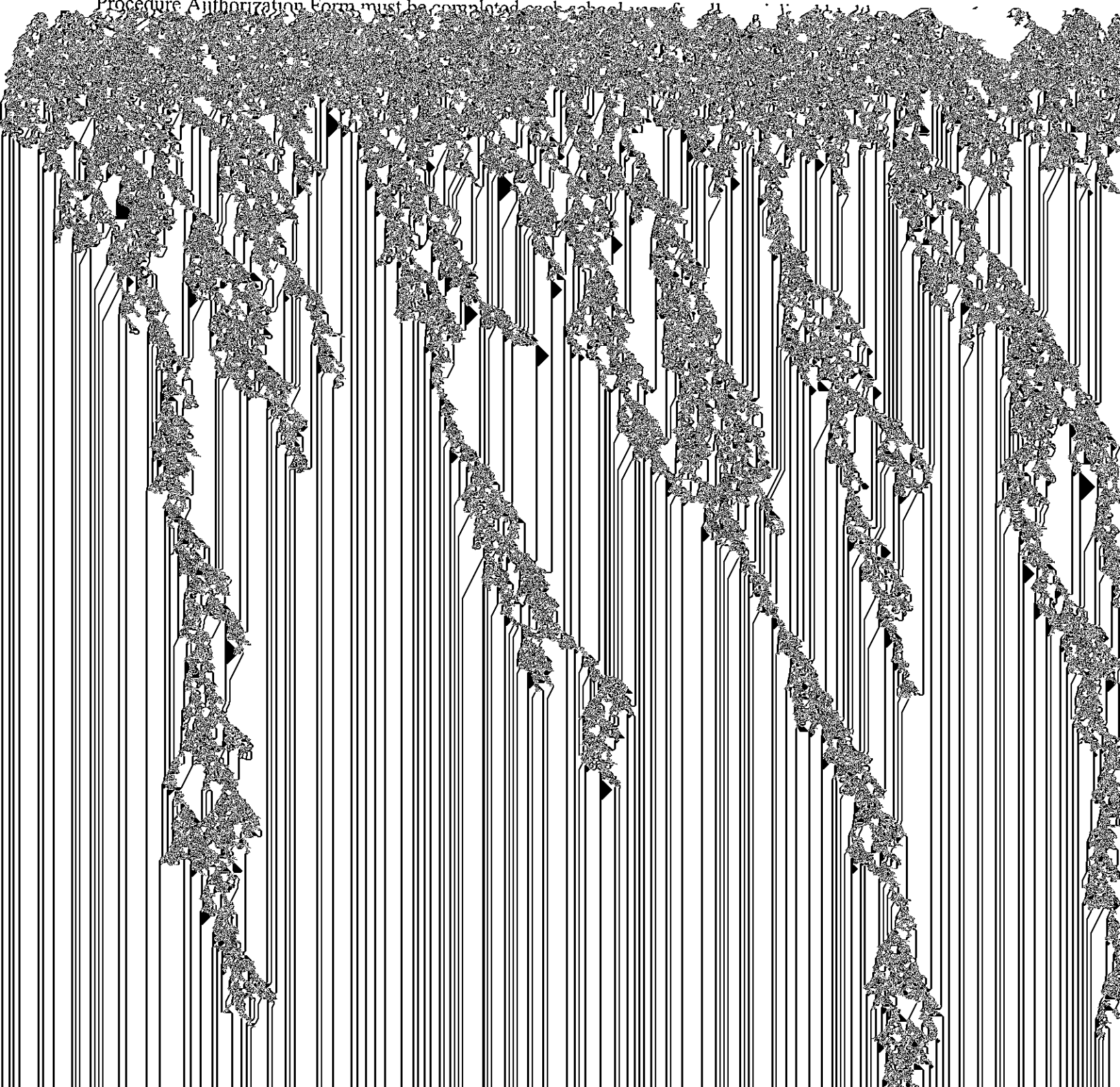


**FORT WORTH INDEPENDENT SCHOOL DISTRICT**  
**Health Services Department**

**Specialized Health Care Procedure Authorization Form**  
**Physician's Request for School Health Services**

The Fort Worth Independent School District Health Services Department Personnel or other designated employees will provide specialized health care procedures when they are required for students to remain in school. The school nurse will coordinate all procedures in the building(s). The Specialized Health Care Procedure Authorization Form must be completed each school year.



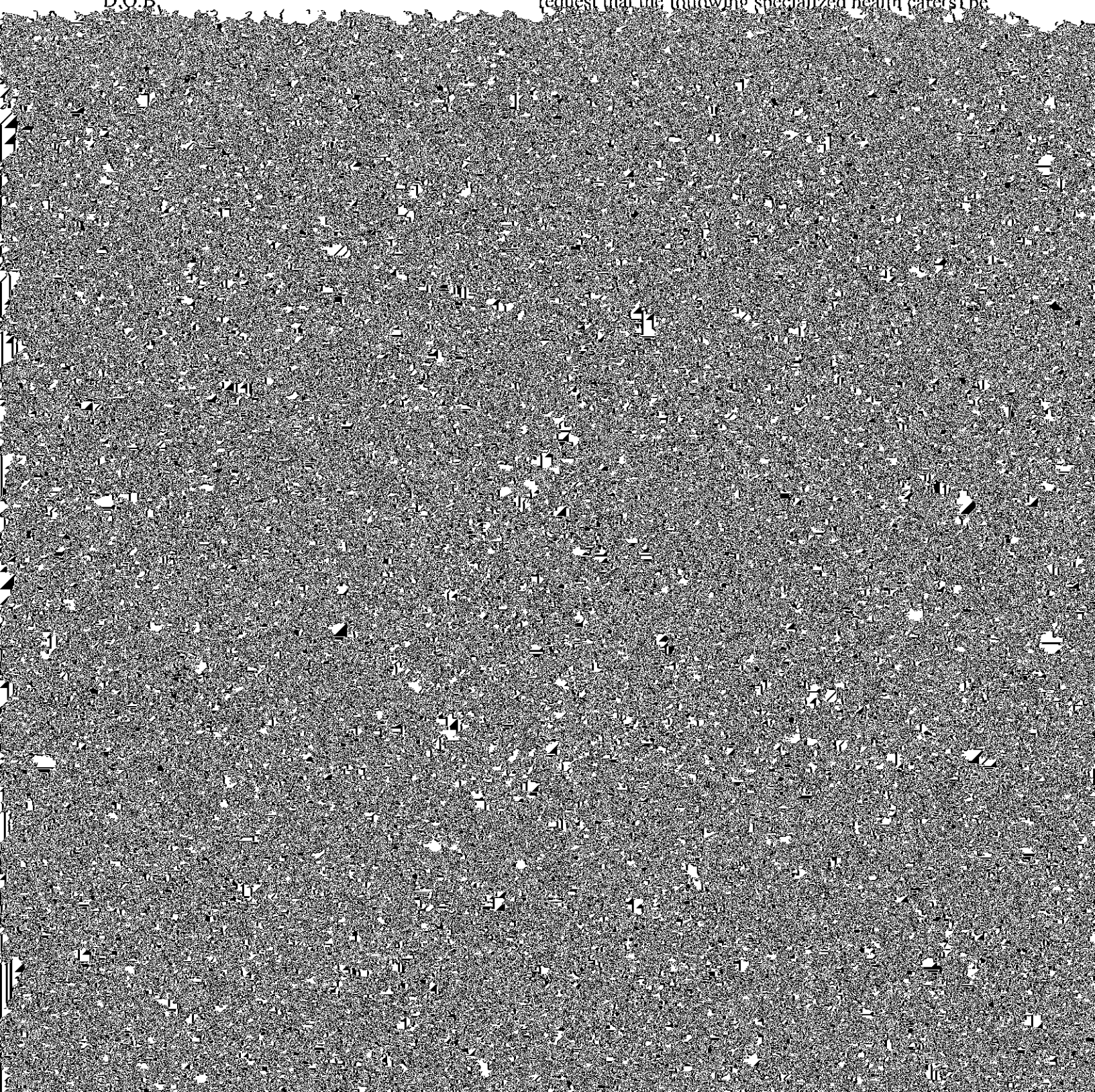


***FORT WORTH INDEPENDENT SCHOOL DISTRICT***  
***Health Services Department***

**Parent's Request for School Health Services**

I, the undersigned, parent/guardian of \_\_\_\_\_

D.O.B. \_\_\_\_\_ request that the following specialized health care(s) be \_\_\_\_\_



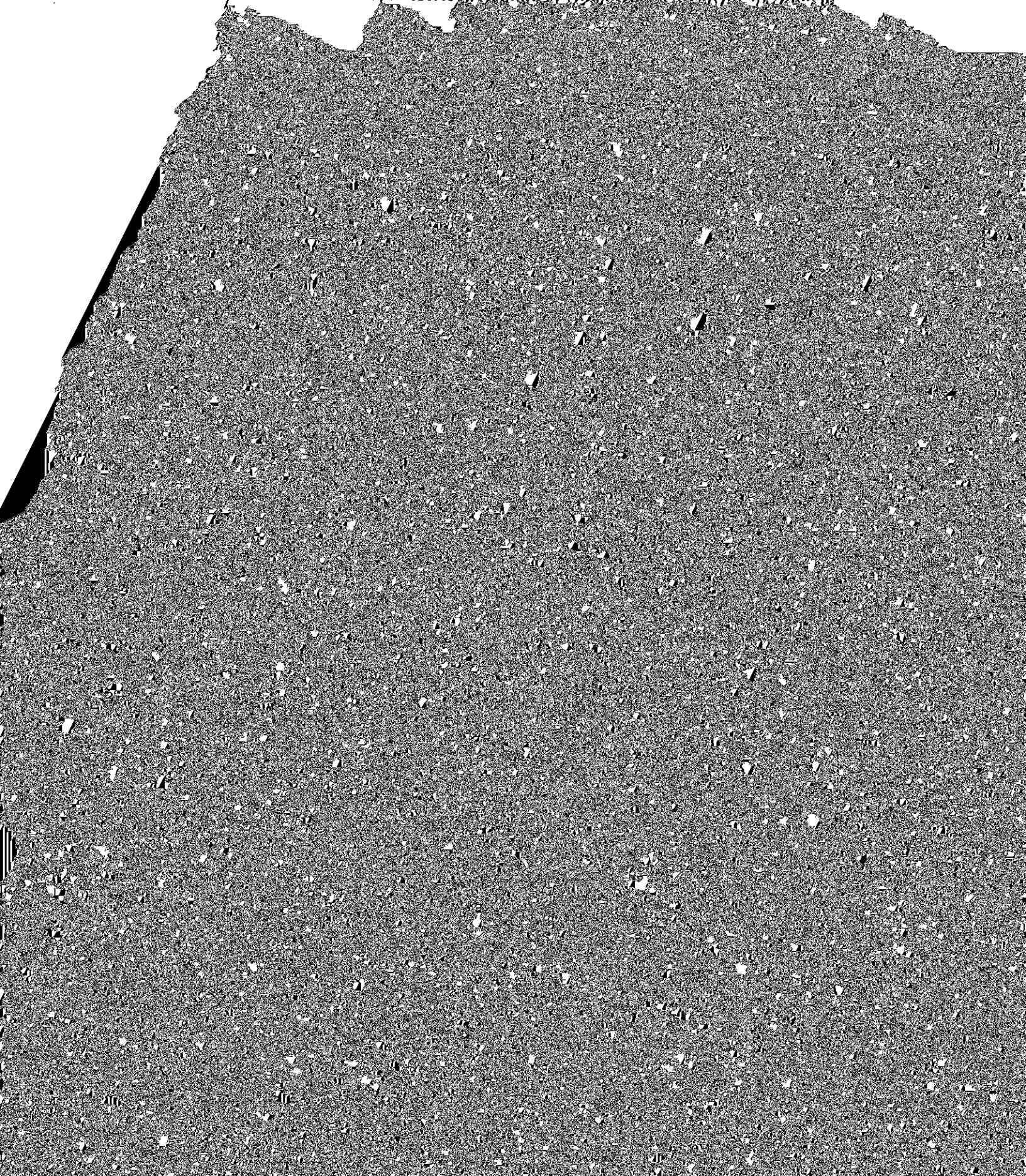


***FORT WORTH INDEPENDENT SCHOOL DISTRICT***

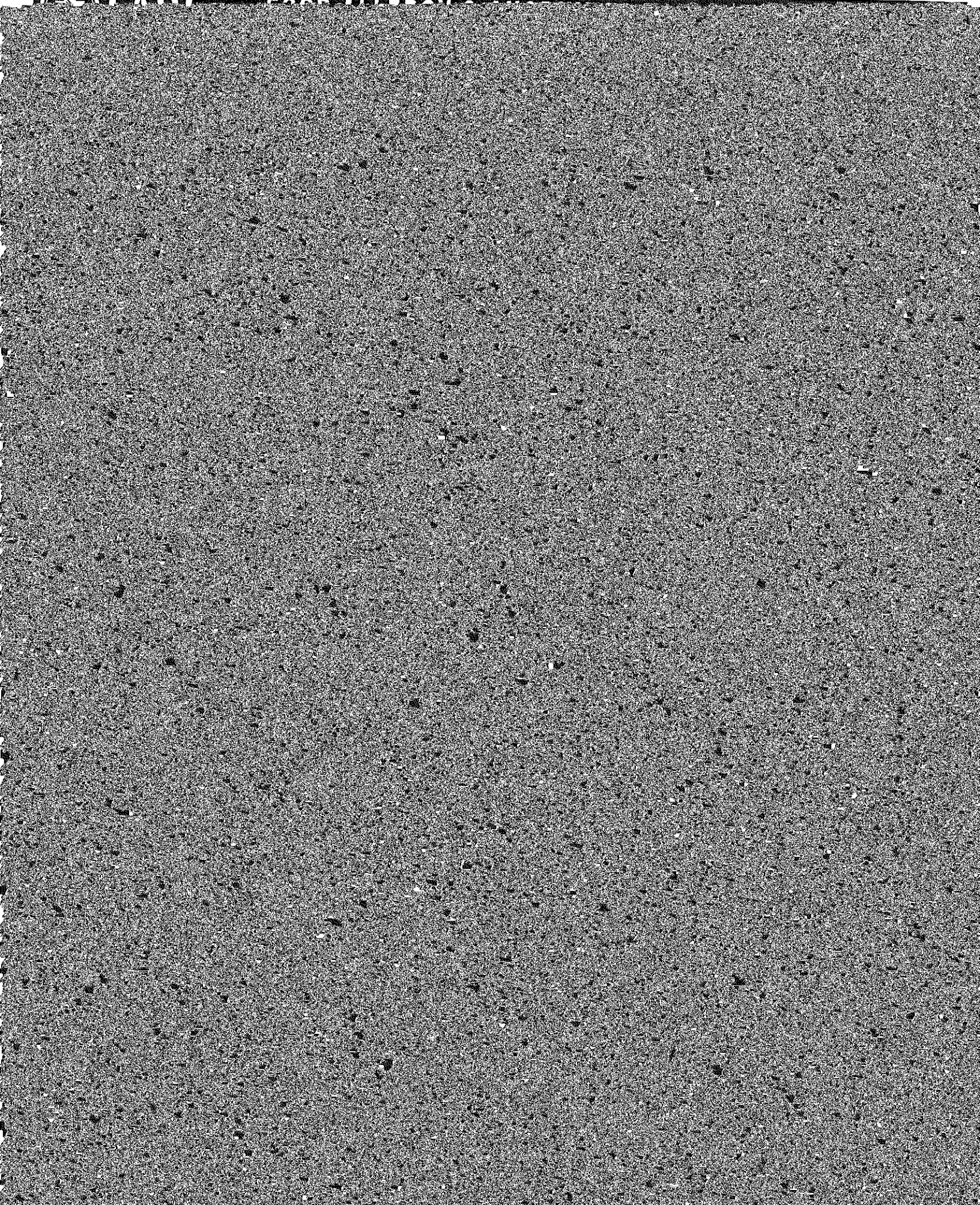


*FORT WORTH INDEPENDENT SCHOOL DISTRICT  
Health Services Department*

*Self-Administration of Prescribed Asthma or Anaphylaxis Medicine by Student*











**FARE**

**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**