DIOCESE OF FORT WORTH

Parental Authorization for ADHD/ADD
2025-2026

Name:_____DOB_____Grade/Teacher: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Before/After school activities: ☐Athletics ☐Band ☐Club ☐Tutoring ☐Other: _____

Physician: _____

Physician Phone number:_____

Diagnosis/Significant medical history:_____

_____

Medication at Home:_____

Medication at School (MAR required with physician signature):_____

_____

Height:_____ Weight:_____ Allergies:_____

Nutrition Concerns:_____

Observed/Reported symptoms or behaviors of ADHD/ADD (check all that apply):

Inattention:

- ☐ Often has hard time paying attention, daydreams
- ☐ Often doesn't seem to listen
- ☐ Is easily distracted from schoolwork or play
- ☐ Frequently doesn't follow through on instructions or finish tasks
- ☐ Is disorganized
- ☐ Frequently loses important things
- ☐ Often Forgets things
- ☐ Frequently avoids doing things that require ongoing mental effort

Hyperactivity:

- ☐ Is in constant motion, as if "driven by a motor"
- ☐ Cannot stay seated
- ☐ Frequently squirms and fidgets
- ☐ Talks too much
- ☐ Often runs, jumps, and climbs when this is not permitted
- ☐ Cannot play quietly

Impulsivity:

- ☐ Frequently acts and speaks without thinking
- ☐ May run into the street without looking for traffic first
- ☐ Frequently has trouble taking turns
- ☐ Cannot wait for things
- ☐ Often calls you answers before the question is complete
- ☐ Frequently interrupts others

Non-Medical Supports that work for student
Per parent (not approved until school meeting)

- ☐ Movement breaks
- ☐ Extra time for assignments
- ☐ Extra testing time
- ☐ Preferential seating
- ☐ Access to quiet space or sensor room for breaks
- ☐ Providing Written instructions
- ☐ Providing Oral Instructions
- ☐ Offering behavioral, Organizational, social, and emotional supports
- ☐ Use of organizer

Other supports:

_____

_____

_____

_____

Parental Authorization

I hereby grant permission for _____ ("School") to follow the above Action Plan for my child and to take whatever measure in their judgment may be necessary to provide emergency medical services consistent with this Action Plan, including the administration of medication to my child. I give permission to School to contact my physician for additional information as necessary. I grant the school permission to share this Action Plan with my student's teacher(s). I also authorize School staff members to share the contents of my child's Action Plan with other School employees, volunteers, or chaperones at school events or field trips as necessary to ensure the safety and well-being of my child. I agree to defend, indemnify, and hold harmless the Diocese of Fort Worth, its parishes and Catholic schools, its bishop and successor bishops, and all their priests, employees, servants, volunteers, and agents (collectively, the "Releasees"), from and against any and all claims, demands, causes of action, judgments, damages, liabilities, or losses of any character, arising out of or in any way connected with the provision of medical services, the enacting of the Action Plan, or the failure to provide any medical services or medication. Further, on behalf of myself and the other parent/guardian of the student, I hereby release and waive all claims, demands, or causes of action against the Releasees.

Parent/Guardian Signature Date

Updated 4/2025