



DIOCESE OF FORT WORTH

Parental Authorization -School Health Services

2026-2027

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: _____

Special service require Physician signed orders/instructions for all special considerations on school campus:

Additional Medical History:	
Nutrition/hydration needs:	
Elimination/Toileting/skin Care Needs(MD order and instructions required): ☐ Diaper change every 2 hours and as needed ☐ Toileting plan (use of clinic etc)	
Mobility Needs: ☐ Physical Activity Restrictions: ☐ Modifications: ☐ Two Person Transfer: ☐ Out of Uniform shoes ☐ Other:	
Health Equipment/Supplies at School (supplied by parents:	
Medications to receive at school-daily and as needed:	
Special Procedures/Treatments Needed while at school:	
Emergency Plan	
If these warning signs/symptoms appear:	The action to take is
Please write additional orders on the back or attach additional sheets as needed	

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 _____