The Rise School™
OF HOUSTON
"Where All Kids Shine"™

Instructions for Medical Devices and Special Procedures

During School Hours

Child's Name: _____ **DOB:** _____

Medical Devices (i.e. glasses, hearing aids, orthotics, etc.)

Device	Frequency	Indication

Special Procedures (i.e. eye patching, positioning, etc.)

Procedure	Frequency	Indication

_____ _____ _____
Parent Name Signature Date

_____ _____
Original Signature of Healthcare Provider Date

_____ _____
Printed Name Phone

_____
Address City State Zip

OR

No medical devices or special procedures are required for my child during school hours.

_____ _____ _____
Parent Name Signature Date