

Please sign and return this form to the nurse's office.

I give AISD permission to speak with the below named Physician or authorized Medical Authority to discuss the allergy described.

Parent/Guardian Signature

Date

Parent Phone: _____

Date: _____

Emergency contact: _____ Number: _____

Name of Physician (please print): _____

Phone: _____

This form must be completed and returned to your school as soon as possible.

Tawnya May, RN, BSN
806-298-4932
Fax: 806-298-2400
tmay@abernathyisd.com

*Per Texas Education Code: Chapter 25, Section 25.0022 this document shall be retained in the child's student records

Our LEA (Local Education Agency) "does not discriminate on the basis of race, color, nation origin, sex, disability, or age."