

**PIERCE COUNTY SCHOOLS**  
**Special Education Department**  
**P.O. BOX 349**  
**Blackshear, GA 31516**  
**Phone (912) 449-2091 Fax (912) 449-3752**

**PHYSICIAN'S REPORT**

Date: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Attention: \_\_\_\_\_  
(School Personnel)

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**PARENT RELEASE:** I hereby give my permission for the doctor's office to release the following information concerning my child.

Please print physician's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Parent / Guardian / Surrogate Signature

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**TO BE COMPLETED BY THE DOCTOR'S OFFICE:** (please print or type)

Diagnosis / Prognosis: \_\_\_\_\_

Medications and Dosage: \_\_\_\_\_

Special health care procedures, diet, or activity restrictions: \_\_\_\_\_

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**Please attach any pertinent records that may necessary for educational planning.**

Date of last visit: \_\_\_\_\_

Signature of licensed physician: \_\_\_\_\_