

GRANBURY INDEPENDENT SCHOOL DISTRICT

PREGNANCY RELATED SERVICES – DOCTOR’S CONFIRMATION REPORT

DATE: _____

_____ Was/is a patient of yours during her
(STUDENT NAME)
pregnancy. She was/is also a student at Granbury Independent School District during this time. GISD offers pregnancy related services to all students that qualify for this program. GISD is given extra funding through the State of Texas for this program. Therefore, certain documents must be kept on file for each student. The following dates are required (as applicable), along with a **PHYSICIAN’S SIGNATURE**, for funding:

1. Confirmation of pregnancy date: _____
2. Pregnancy due date: _____
3. Pregnancy end date: _____

Please fax this information to (817)_____

Attn: _____.

Physician Name - Printed

Physician Signature

Thank you for your cooperation in this matter.