

School Year: _____

Please complete and return to the Health Clerk at school site
Specialized Physical Healthcare Service Waiver

Pupil name: _____ DOB: _____ Date: _____

The above-named pupil, enrolled in _____ (school name) under the jurisdiction of _____ (school district), requires the following specialized physical healthcare procedure(s) performed during the school day:

Glucagon Injection for Emergency care of Severe Hypoglycemia

I (We) the undersigned, the legal parent(s)/guardian(s) of the above-named pupil, agree:

1. To assume responsibility for the performance of the necessary healthcare procedure(s)* at the school site for the period beginning on or about _____ (Date).

Procedure(s) will be performed by parent(s)/guardians:
_____ (Names)

Procedure(s) will be performed by a designated family member or friend who is not an employee of the school district:
_____ (Names)

2. To abide by school site policies and procedures in providing this care and adhere to Standard Precautions, in accordance with the law. (*District Policy*)

I (We) release _____ (school district) from the responsibility of providing this healthcare service during the above stated dates.

I (We) also agree to inform _____ (contact person/school district) if or when any changes to this Agreement must occur.

Signature(s) of parent(s)/guardian(s) Date

Signature of school nurse Date

Signature of principal Date

cc: School nurse; cumulative health record; IEP or Section 504

*Note: Waiver is required by California Code of Regulations § 3051/12 (3) (A)