



Request and Authorization for Healthcare Procedure at School

Student: _____ DOB: _____

School: _____ Teacher: _____ Grade: _____

Parent/Legal Guardian: _____

Phone: Home _____ Mobile _____

I request, along with my child's physician, that the following healthcare procedure be available to my child and performed by the school nurse or designated school personnel during school hours.

Procedure(s): _____

I understand that I must provide all equipment/supplies needed for the above listed procedure(s). I also understand that the procedure(s) will not be performed until the appropriate Physician's Orders/Action Plan have been completed and received, and necessary training has been conducted. I understand that I will be given the opportunity to participate in the training of school personnel.

If requested forms and training are not complete prior to your child attending school, we request that the parent/guardian performs the procedure(s) at school.

I give authorization to the school nurse or designated school personnel to perform or assist my child with the above listed procedure(s).

I hereby release, waive and hold harmless the Cherokee County Board of Education (to include individual members, agents, employees and representatives thereof) from and against any claim which a student representative (to include myself, any parent/guardian, sibling, the student, any firm or corporation) may have or claim to have for any loses, damages or injuries arising from, during or connected to the performing of this procedure(s).

Parent / Legal Guardian's Signature

Date

I have completed and signed the appropriate Physician's Orders/Action Plan and give authorization to the school nurse or designated school personnel to perform or assist my patient with the above listed procedure(s).

Physician's Signature

Date

Physician's Printed Name

Physician's Phone Number