P.O. Box 2118 • 200 North Clara Avenue • DeLand, Florida 32721-2118

DeLand (386) 734-7190 | Daytona Beach (386) 255-6475 | New Smyrna Beach (386) 427-5223 | Osteen (386) 860-3322

Special Medical Procedures
Parent Released

I, the undersigned, _____ (Parent's Name), hereby agree that _____ (Special Procedure) _____ (Special Procedure) will be performed or supervised by trained school personnel, school nurse, or aide for my child, _____ (Child's Name) while he/she is enrolled as a student in the School District of Volusia County.

I also understand that if there is special equipment needed to perform this procedure, it will be maintained by me; delivered to the school in working order daily; and that school personnel will assume no responsibility for the maintenance or delivery of the special equipment necessary for this procedure.

A written procedure has been established between the school nurse and the parent, below is a written prescription from the student's physician.

Equipment to be supplied by parent:

_____ _____
Signature of Parent

_____ _____
Address

_____ _____
Date

PHYSICIAN'S PRESCRIPTION: Date: _____

Student's Name: _____

Address: _____ Age: _____

RX (Supplies necessary - times per day during school hours):

Dispense as Written: _____
Physician's Signature

DEA No._____ Physician:

(Please print or type name) / use stamp Phone