Special Medical Procedures
Parent Release

I, the undersigned, _____, hereby agree that _____
(Parent's Name) (Special Procedure)

_____ will be performed or supervised by trained school personnel,
(Special Procedure)

school nurse, or aide for my child, _____ while he/she is enrolled as a student in the
(Child's Name)

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 clinic staff and the parent; below is a written prescription from the student's medical provider.

Equipment to be supplied by parent:

_____ _____
Signature of Parent

_____ _____
Address

_____ _____
Date

Provider's Prescription:

Student's Name: _____ DOB: _____

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

Dispense as Written: _____ _____
Provider Signature Date

DEA No. _____ Provider: _____ Phone No.: _____
(Please print or type name) / use stamp