STEPHANIE ELIZALDE, ED.D.
SUPERINTENDENT OF SCHOOLS

DALLAS INDEPENDENT SCHOOL DISTRICT

Dear Parent or Guardian:

Your child is attending the Student Shadowing Program at the School of Health Professions. School of Health Professions students will be performing medical procedures on each other which your student will be observing. Shadow students may observe only and **may not** perform any procedures.

Please have your student at the school by 8:45 am as class starts at 9:10am. Please check in with security (adult must have photo ID and student must have school ID) and ask them to direct you to the School of Health Professions. The shadowship will end at 12pm, so please make arrangements to pick up your student and take them back to their school their classes. They will be able to each lunch at our school. We will provide an excuse note for the time spent with us shadowing.

Please be assured that these procedures are performed under the supervision of the instructor who themselves are certified and licensed Medical Technologists (MT), Dental Hygienists (DH), Registered Nurses (RN), and Licensed Vocational or Practicing Nurse (LVN or LPN). All possible safety precautions are followed for the protection of the patient (donor) and of the medical worker (student performing the test procedure). Students are **required** to wear gloves, aprons or lab coats, and use barrier shields when collecting and working with any body fluids. Needles used are approved automatic lancets that are sterile, used only once, and destroyed by approved safety standards.

Please sign this form giving permission for your son or daughter to observe these activities. The teachers listed below will be supervising during your student's shadow visit:

Cluster Teachers	
Mindy Barrett, RN 972-925-6272	Ariana McCurty, CCMA 972-925-6373
Lashawn Richard, RN 972-925-6273	Matthew Hammons, MLS 972-925-6270
Shari Harrington, MLS 972-925-5934	Chelsea Thompson, CCMA 972-925-6375
Yvonne, Morgan, CAPE LVN 972-925-6362	Jennefer Ramirez, DH 972-925-6380

_____

(Student's name)

_____I give my permission

_____I do not wish to give permission.

_____ _____

(Parent's signature) **(Date)**

Parent Phone number: _____

Parent email address: _____