

VIROQUA SCHOOL DISTRICT HEALTH PROCEDURE FORM

If it is necessary for a student to have a medical procedure performed at school, all appropriate portions of this form need to be completed before the procedure can be performed at school.

One form is required for EACH procedure.

Student Name:	Date of Birth:	Grade:
Name of Procedure:		Time/Frequency:
Reason/Diagnosis for Procedure:		
School Year or Effective Dates:		Student's Practitioner/Clinic:

The school must receive parent consent for any health procedure to be done at the school. All requested health procedures will be reviewed by the school nurse to see if they are appropriate for the school setting & staff availability.

Parents may be asked to provide more information or periodic updates on student's health status as needed.

PARENT/GUARDIAN CONSENT: (Complete for all Health Procedures at school)

- ❖ I request and authorize that the above health procedure is performed at school by trained school personnel.
- ❖ I understand that all health procedures will be reviewed and discussed with the school nurse. If the school nurse deems that the procedure can be done at the school, I will provide step by step instructions or hands on demonstration for school staff if needed.
- ❖ I will supply any needed equipment and supplies in order for the school to perform the above health procedure.
- ❖ This consent is in effect for this school year only.
- ❖ I will notify the school in writing for any changes or health status updates regarding the above health procedure.
- ❖ I authorize school personnel to exchange verbal or written information with my child's physician regarding this procedure.
- ❖ I understand that the above procedure may be provided to my child by different TRAINED staff members on any given day depending on school staffing, sick calls, staff availability, etc.
- ❖ **My signature indicates that I have fully read and understand the above information.**

I release the school district from any liability claims as a result of the administration of this procedure as directed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number: _____

(Continued...)

Student Name: _____

Procedure Name: _____ **Time of Procedure:** _____

Reason for Procedure: _____

Supplies Needed for Procedure: _____

Steps for Procedure:

[illegible]**Office Use Only:**

Staff permitted to perform procedure:

Staff Name:	Date of Training:	Evaluation(s) of Skills: