

### PERMISSION FOR HEALTH PROCEDURES

Dear Parent/Guardian:

The Greater Clark County Schools Corporation requires that all students who need any type of procedure performed during school hours (e.g., catheterization, postural drainage and percussion, G-tube replacement, etc.) must do the following:

1. Develop an Emergency Health Plan listing specific steps/procedures to follow.
2. Obtain a written consent form signed by the parent or legal guardian. (See below)
3. Obtain a signed statement from the doctor which shall be on file with the school. (See below)

Student: \_\_\_\_\_ Address: \_\_\_\_\_

DOB: \_\_\_\_\_ School: \_\_\_\_\_

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#### TO BE COMPLETED BY THE PHYSICIAN

Name of procedure: \_\_\_\_\_

\_\_\_\_\_

How often it is to be performed and specific times if necessary: \_\_\_\_\_

\_\_\_\_\_

Length of time: \_\_\_\_\_

Purpose of procedure: \_\_\_\_\_

Printed name of physician: \_\_\_\_\_

Signature of physician: \_\_\_\_\_

Date: \_\_\_\_\_

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#### TO BE COMPLETED BY THE PARENT OR GUARDIAN

I, \_\_\_\_\_, give my permission for my child to have the above procedure performed at school as directed by the physician.

Date: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_