

PICKERINGTON LOCAL SCHOOL DISTRICT

Request for Specialized Health Care or Emergency Care of a Student

PARENT AUTHORIZATION

Name of student: _____

We (I), the undersigned parent(s) / guardian / custodian of the above-named student, request that the specialized health care or emergency care service outlined in the attached Physician Authorization form and the attached procedure approved by the physician (hereinafter collectively referred to as "physician authorization") be provided to our child, and we (I) hereby advise the Pickerington Local School District Board of Education that our / my child has a medical condition that requires, during school hours or school activities, the health care or emergency service outlined in the attached Physician Authorization.

We (I) agree to provide school district personnel with all necessary drugs, equipment and supplies. We (I) agree to notify the Principal or designee immediately if there is any change in the attached procedures or care, in the child's authorizing physician, or in any of the information contained in the attached Physician Authorization.

We (I) authorize school personnel as designated by the Principal to provide the attached health or emergency care approved by the physician. We (I) understand that the health or emergency care will be provided by appropriately trained staff and that, unless otherwise indicated, such staff are not trained health care professionals. Training of staff to provide the health or emergency care is limited to that provided by the school nurse as outlined in the teaching module, a copy of which we (I) have been provided,

By signing this Authorization, we (I) agree to release and hold harmless the Board of Education of the Pickerington Local School District and its employees, board members, agents, and representatives from any and all liability for damages or injury resulting directly or indirectly from this authorization and from provision of the specialized health care or emergency care described in the attached Physician Authorization.

Parent / Guardian / Custodian Signature: _____

Date: _____

Home Telephone: _____ Work Telephone: _____

Adopted: 7/9/07