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New Smyrna Beach
(386) 427-5223

Osteen
(386) 860-3322

**Special Medical Procedures
Parent Released**

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, _____,
(Child's name)
while he/she is enrolled as a student in the 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 school nurse and the parent, below is a written prescription from the student's physician.

Equipment to be supplied by parent:

Signature of Parent:

Address

Date

PHYSICIAN'S PRESCRIPTION:

Date: _____

Student's Name: _____

Address: _____ Age: _____

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

Dispense as Written: _____
Physician's Signature

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