

LIVINGSTON PARISH PUBLIC SCHOOLS

**PARENT/GUARDIAN'S REQUEST AND AUTHORIZATION FOR
SPECIAL PROCEDURES**
(Please print)

STUDENT: _____ DOB: _____ GRADE: _____

ADDRESS: _____ TEACHER: _____

PARENT/GUARDIAN NAME: _____ SCHOOL: _____

HOME PHONE: _____ BUSINESS PHONE: _____

OTHER PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____ TELEPHONE: _____

NAME: _____ RELATIONSHIP: _____ TELEPHONE: _____

NAME: _____ RELATIONSHIP: _____ TELEPHONE: _____

NAME OF PROCEDURE: _____

ARE THERE SPECIAL INSTRUCTIONS FOR THIS PROCEDURE: _____

1. Do you give permission for the school nurse to share with designated trained unlicensed personnel and other school employees' information about your child relative to this procedure as the nurse deems necessary? YES ____ NO ____
Any restrictions on this release? _____
2. Do you understand that in most instances that this procedure will be performed by an unlicensed trained school personnel. YES ____ NO ____

All answers above must be "YES" before the procedure can be performed at school by unlicensed trained personnel.

Date

Parent/Guardian's Signature