

Mercer County Special Services School District
Joseph Cappello School- (609) 588-8485 Fax# (609) 588-8474
Mercer Elementary School- (609) 570-1120 Fax# (609) 570-1132
Mercer High School- (609) 588-8450 Fax# (609) 631-2136

PROCEDURE PERMISSION FORM

SCHOOL YEAR 20__ -20__

I request permission for my child _____,
(Child's Name) (DOB)

a student at Mercer County Special Services School District, to have prescribed procedures done during the school hours, and in so doing, release the school nurses and physicians and the Mercer County Special Services School District of responsibility for any untoward reaction my child may incur as a result of the said procedure. I have obtained the instructions from my child's doctor. **For Example:** If a G-tube falls out during the school day, the school nurse may replace the tube with a doctor's order and supplies provided by parent/guardian.

INSTRUCTIONS TO BE COMPLETED AND SIGNED BY THE DOCTOR AND PARENT

Diagnosis: _____

Name and Instructions for Procedure:

Beginning date is July 1, 20__

Last date June 30, 20__

Health Care Provider's signature

Health Care Provider's printed name or stamp

Date

Signature of Parent/Guardian

DATE