

ROANOKE COUNTY PUBLIC SCHOOLS

Health Procedure/Treatment

PARENT PERMISSION

Student _____ Procedure _____

School _____ Date of Birth _____ School Year _____

Parent or Legal Guardian:

I give permission for school health personnel or other designated personnel to perform the above procedure.

Signature Date

Certificate of Training

Staff performing procedure/treatment:

Primary Designee _____

Back-Up #1 _____

Back-Up #2 _____

Trained and Supervised by: _____

Dates: _____

