

Oakley Union Elementary School District

PARENT REQUEST THAT SPECIALIZED HEALTH CARE SERVICES
BE PERFORMED BY STUDENT

Student Name: _____

Student DOB: _____

We (I), the undersigned, who are the parent/guardian and physician of _____
(Student)

a child enrolled in a program under the jurisdiction of the Oakley Union Elementary School District,

request that _____ perform on him/herself the necessary health care procedures
(Student)

as listed below (and in the IEP/504 plan) commencing on or about _____
(Date)

_____ has been properly trained by appropriate medical personnel in the
(Student)

following required specialized physical health care procedures:

We (I) declare that _____ has been trained and is capable of
(Student)
performing the required procedures with/without supervision of school personnel.

We (I) indemnify and hold the District and its employees harmless from any liability resulting from
injury and/or damages which result from _____ performing
(Student)
specialized physical health care services on him/herself.

Signature(s) of parent(s)/guardian(s)

Date

Signature of health care provider

Date