

Form 319.1 Parent Authorization for Temporary Health Care at School

**Lloydminster Catholic School Division
PARENT AUTHORIZATION FOR TEMPORARY
HEALTH CARE AT SCHOOL**

We (I), the undersigned, who are the parents/guardians of

(Name)

request that the following health-care service(s)

be administrated to our child. We understand that a designated person(s) will be performing the above-mentioned health-care service. It is our understanding that in performing this service, the designated person(s) will be using a standardized procedure that has been approved by our physician.

(Name)

(Phone number)

We will notify the school immediately if the health status of our child changes, we change physicians, or there is a change or cancellation of the procedure.

We understand that the above-mentioned procedure should be scheduled before or after school hours whenever possible.

Signature of parents/guardians: _____

Date: _____