



### Notice of Training and Delegation of Specialized Health Care Procedures

Health Services  
Mat-Su Borough School District  
501 N. Gulkana  
Palmer, AK 99645  
P: (907) 746-9200

#### Addendum to Individual Healthcare Plan:

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

In the event a registered nurse is not available, I \_\_\_\_\_, Parent/Guardian name

delegate the following specialized health care procedures to be performed for my student listed above by the trained staff members listed below.

I will train and/or collaborate with the school nurse regarding the training necessary to complete these student specific tasks.

These health care tasks include:

<b>STAFF MEMBERS TRAINED</b>	Name	Title	Location/Room #	Trained By

I agree to save, defend and hold harmless the Matanuska Susitna Borough School District, its employees, elected or appointed officials, from any liability or damages as a result of the above listed nursing duties. I agree to notify the school nurse immediately of any changes in care, procedure or discontinuance of the above listed tasks. Permission is also given for the school nurse to contact the health care provider regarding this treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal  
(Attach to Individual healthcare plan.)

\_\_\_\_\_  
Date