



West Valley School District
8902 ZIER ROAD, YAKIMA, WASHINGTON 98908

**PARENT REQUEST FOR SPECIAL NURSING
CARE/MEDICAL TREATMENT PROCEDURES**

Student: _____ Birthdate: _____ Grade: _____

Parent/Guardian: _____ School: _____

I, _____, parent/guardian of _____ request that designated personnel of the West Valley School District perform or supervise my child with the service desired. It is my understanding that this service will be performed by non-medical personnel when appropriate. It is deemed necessary that this procedure be performed during school hours to enable my child to stay in school.

Service desired: _____

I have obtained detailed written instructions from Dr. _____ the physician who recommended this service. You have permission to communicate with this physician in order to make arrangements for care and supervision.

I understand services will not be started until these orders are on file in my child's school and adequate training of staff has been completed.

As a parent and/or guardian of the above-named child, I agree to hold the West Valley School District harmless from any liability it may incur from the above-named minor in connection with the above-named service.

Date

Parent/Guardian Signature

Address

Phone