

## MASON CITY SCHOOLS

### Performance of Treatment or Procedure

It is recognized that some students require a specific medical treatment or procedure during school hours. Parents/guardians/residential facility personnel are encouraged to complete medical care before and after school hours whenever possible. If this is not possible, school personnel will provide necessary assistance; however, Mason Board of Education policy requires written consent of **both** the physician and the parent/guardian (or residential facility personnel with consent to act on behalf of the parent/guardian) before medical treatment or completion of a medical procedure will be performed. Additionally, it is the responsibility of the parent/guardian or residential facility representative to provide specific written instructions and/or training for the completion of the treatment or procedure, as well as any medical supplies necessary for said completion to occur.

**Return the completed form to the Health Services Coordinator in the student's building**

Name		Date of Birth	
Parent/Guardian/Facility Representative(please print)			
Address (w/ facility title if applicable)			
Telephone #		Homeroom/Team Name/ID#	
<b>TO BE COMPLETED BY THE PHYSICIAN</b>			
Treatment/Procedure Description (please be as specific as possible):			
Frequency:			
It is the responsibility of the MCS Health Services Coordinator or designee to:			
Complete treatment or procedure			<input type="checkbox"/>
Assist student with treatment or procedure			<input type="checkbox"/>
Allow student to complete treatment or procedure independently			<input type="checkbox"/>
Date to initiate:		Date to discontinue:	
Specific observation parameters if applicable:			
Physician Name:		Phone:	
Physician Signature:		Date:	
<b>TO BE COMPLETED BY THE PARENT/GUARDIAN OR RESIDENTIAL FACILITY REPRESENTATIVE WITH CONSENT TO ACT ON BEHALF OF PARENT OR GUARDIAN</b>			
The undersigned agree not to file or make any claim against anyone for negligence in connection with the completion or lack of completion of any medical treatment or medical procedure and further agree to save such individuals and hold them harmless from any liability incurred as a result of the completion or lack of completion of any medical treatment or medical procedure.			
I give my permission for the principal or his/her designee to complete the treatment or procedure as indicated by physician's order above.			
Signature:		Date:	
<b>THIS PERMISSION IS NO LONGER VALID AT THE END OF THE CURRENT SCHOOL YEAR</b>			