# WAIVER for a CCSD School Health Plan

## Nursing and Health Services

CACHE COUNTY SCHOOL DISTRICT
CCSD Nursing & Health Services
Phone: 435-752-3925
Fax: 435-792-7796

**RN Approval**

### STUDENT INFORMATION

| Student: | DOB: | Grade: | School: | SY: |
|---|---|---|---|---|
| Parent: | School Nurse: | | RN email: | |

### NURSING DEPARTMENT STATEMENT

Your student's health plan is not current. **If your student requires medical interventions while at school, a current health plan is required.** If you determine a health plan is no longer needed for your student please complete, sign, and return this form to your child's school or to the nursing department. The completed waiver will be reviewed by the Cache County School District Nurses to determine whether a Health Care Plan is needed.

### SELECTIONS REGARDING STUDENT'S HEALTH PLAN (Check all that apply)

**STUDENT SCHOOL HEALTH PLAN DIAGNOSIS (REQUIRED):** e.g.: Allergy, Asthma, etc.

☐ My student does not require specific medical interventions by delegated and trained employees at school and **DOES NOT** need a school health care plan.

☐ I give my permission for the school nurses to share my student's diagnosis with school staff regarding my student's current health concerns in case of an emergency.

**OR**

☐ I **DO NOT** give my permission for the school nurses to share my student's diagnosis with school staff regarding my student's current health concerns.

☐ I would like my student to continue to have a school health care plan. I will complete the paperwork required to have the health plan in place.

### PARENT STATEMENT

I understand that this waiver may be declined at any time at the discretion of the District Nurses. I have determined that the above-named student **does not** require any specific medical assistance from Cache County School District staff in regards to his/her specific health care diagnosis and needs. In the event of an emergency and medical assistance is needed, 911 will be called. If, at any time, I determine that a Health Care Plan is necessary for my student; it is my responsibility to contact the Cache County School District Nurses for assistance. I understand that my student's diagnosis will remain on school records as a notification for staff in case of a possible emergency. If parent/guardian desires to remove a student's diagnosis, it is the responsibility of the parent/guardian to request in writing that Cache County School District remove it. I waive and release the Cache County School District from any claim for personal injury, property damage, or death that may arise from my decision to waive a Health Care Plan for my student.

### PARENT SIGNATURE

| **Parent Signature:** | **Date:** |
|---|---|

### COMPLETED BY THE DISTRICT NURSING DEPARTMENT

☐ We have reviewed and approve this School Health Plan Waiver.

☐ We have reviewed and **DO NOT** approved this School Health Plan Waiver due to the fact that the student continues to requires health care interventions from designated and trained school employees at school.

### DISTRICT RN SIGNATURES

| **District RN Signature:** | **Date:** |
|---|---|
| **District RN Signature:** | **Date:** |

***Revised 5/14/2024***