The Registered School Nurse and qualified (licensed, certified, qualified or authorized) personnel consents to perform the tasks (listed below) and necessary duties in accordance with all requirements by license, certification, administrative rules, statutes, and school policy.

Learner's Name (if applicable):					DOB:
The following delegated task(s	s) are for:	A School P	opulation	An Individual Lear	ner
Note: If the delegated task(.				nt's health record. If the ed per school policy.	delegated task(s) are for a
The qualified personnel have redelegated task below with the		nd competent	ly completed an	annual hands-on skill che	eck for the selected
Tasks Listed Below From School Nurse Toolkit			Certified Tasks (E.G. Medication, Stop the Bleed, CPR, or First Aid)		
Learner's Emergen	ncy Action Plan		Learner's Emer	gency Evacuation Plan	
Other Health Monitoring, List task names in the SN Toolkit, or list tasks with steps not in the SN Toolkit:					
School Nurse Supervision, Mon	itoring and Evaluatio	on to Meet Lice	ensure Requirem	ent and Policy (Date, N	urse's Initials, Results):
Qualified Personnel Signature:					Date:

Date:

School Nurse Signature/Credentials: