

PARENTAL AUTHORIZATION TO USE VOLUNTEER HEALTH AIDES

I, _____, parent of _____ hereby authorize the volunteer health aide (VHA) _____ (name) to assist in the health care activities for my child _____ for the school year _____. I am aware that the VHA named above will be under the guidance of the school nurse listed below, or of another authorized RN. I also understand that the VHA listed is not liable for civil damages. I thus give my permission for this VHA listed above to perform any duties delegated in the RN's absence. I understand that the VHA has been trained in diabetes and will be implementing the current medical orders for this child, under the direction of the school nurse or the substitute RN. I have reviewed this document including the section of the Indiana Code (IC) and am comfortable with having this VHA help with care of my child.

Indiana Code 20-34-5-16, "When necessary a Volunteer Health Aide may perform the tasks necessary to assist a student in carrying out the student's individualized health plan, in compliance with the training guidelines provided under Section 15 of this chapter. A volunteer health aide may act under this section only if the parent or legal guardian of the student signs an agreement that authorizes a volunteer health aide to assist the student; and states that the parent understands that, as provided under IC3-30-14, a volunteer health aide is not liable for civil damages for assisting in the student's care. A volunteer health aide who assists a student under this section is not considered to be engaging in the practice of nursing; and is exempt from applicable statutes and rules that restrict activities that may be performed by an individual who is not an individual licensed or authorized under IC 25 to provide health care services."

School Nurse Printed Name _____ Signature _____

Parent Printed Name _____ Signature _____

VHA Printed Name _____ Signature _____

Principal Printed _____ Signature _____

Dated _____