



COOK COUNTY SCHOOLS
INDEPENDENT SCHOOL DISTRICT 166



Form HT-1 Special Procedure Treatment Instruction, Permission to Perform Care and Communication From

General Information:

Student or Staff Name:	Grade or Position:
Parent/Guardian Names:	Contact Phone number(s):
Medical Provider:	Clinic Phone Number:

Special Procedure/ Treatment for student to be provided while at school:

Title of Care: Purpose of Care:	Time(s) of day to be performed:
School location of care to be performed:	Description of care to be performed:
Persons Authorized to perform care:	Supplies necessary to perform care as provided by guardian: Supplies to be provided by district:

Success for Each, Respect for All

101 West 5th Street, Grand Marais, MN 55604

Phone: (218) 387-2271

www.cookcountyschool.org

<p>Call parent/guardian if:</p> <p>Call emergency services if:</p> <p>Special instructions or other notes:</p>	<p>I give permission to share this information with:</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Principal</p> <p><input type="checkbox"/> Nurse <input type="checkbox"/> Teacher</p> <p><input type="checkbox"/> Other _____</p> <p>I give permission for the mutual exchange of information between the district and the clinic/provider listed above for the purposes of continuity of care.</p> <p>In the event your student has an Individual Education Plan, please discuss including this information in the plan.</p>
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Physician's Signature/License Number

Date

Parent Signature

Date