

**REFUSAL TO PARTICIPATE
HEALTH CARE PLAN
Staunton, Augusta County, and Waynesboro Public Schools**

Student: _____ School: _____

Teacher: _____ Diagnosis: _____

Based on information that you have provided to the school, your child has a medical condition which warrants some planning in the educational environment.

The school staff feels it is essential to have open communication with the student, you the parent, and the physician (as well as other members of the health care team). This is to allow us to be prepared to help your child in an emergency.

In order to safely care for your child during the school day, the following options are available:

- Written Health Care Plans
- Exchange of Information
- Training of staff pertaining to your child's health condition/needs
- School nurse consultants

You have chosen not to participate in the options listed above. Therefore, please understand that we, the school staff, are limited to only providing emergency assistance to your child. Your child will be allowed to care for his/her medical needs unassisted and based on your guidance as the parent as long as this self-care does not endanger or disrupt the other students or staff.

I hereby acknowledge that I have read and understand this "Refusal to Participate in the Health Care Plan". I relieve the Staunton City, Augusta County, and Waynesboro City School Boards, their employees, and agents of any liability, damage, loss, or accident that may be occasioned through the refusal of the Health Care Plan or through any emergency life saving measures taken by the school staff on behalf of my child.

I understand that I may change my mind and participate in the Health Care Plan process at any time during the school year.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____ Phone # _____

(refusal to participate)