

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
and
FLORIDA DEPARTMENT OF HEALTH IN SARASOTA COUNTY
SCHOOL HEALTH SERVICES
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

AFFIDAVIT - MEDICAL RELEASE FOR TRACHEOSTOMY SUCTIONING

Instructions: Complete the form, have notarized, and return to the school health room. Note that this agreement is valid for no more than the current school year. See page two for further instructions.

I, the undersigned, _____, have enrolled my child,
Parent/Guardian Name (Print)

_____, at _____
Child Name (Print) School Name Grade

It is necessary for my child to have a medical procedure performed during school hours. The procedure is:

Tracheostomy Suctioning

A physician's order for this procedure is on file at the school.

1. **I specifically request that this procedure(s)** be administered by a Registered Nurse or Licensed Practical Nurse under the orders of _____

(Physician Name)

I hereby release all claims, demands, damages, actions, causes of action or suits at law or in equity, of whatsoever nature, against the School Board of Sarasota County, Florida, and the Florida Department of Health in Sarasota County and any of their employees, including for any negligence of said employees, arising out of, or in any way connected to, the administration of Medical Procedure(s) hereunder.

2. **I also understand that if there is special equipment needed to perform this procedure**, it will be maintained by me; delivered to the school in working order daily, and that school and Florida Department of Health in Sarasota County personnel will assume no responsibility for the proper maintenance or delivery of the special equipment necessary for this procedure.

Equipment Supplied by Parent:

Tracheostomy kits, suction machine, suction catheters, sterile saline, spare cannulas, filters/covers

tracheostomy collars, and other supplies _____

Parent/Guardian Signature _____ Date _____

Address _____ Phone _____

STATE OF FLORIDA, _____ COUNTY

Sworn to and subscribed before me this _____ day of _____, 20 _____, by

_____. Personally known _____

Produced identification _____ Type of Identification Produced _____

(Seal)

Typed or Printed Name of Notary Public

Signature of Notary Public

My Commission Expires _____ Commission No. _____

AFFIDAVIT - MEDICAL RELEASE FOR TRACHEOSTOMY SUCTIONING

Instructions:

AFFIDAVIT is a written statement made under oath. An affidavit must be signed by the parent/guardian before a child specific procedure can be carried out in the school.

Make sure all lines are properly completed.

1. Parent/guardian's full name
2. Child's full name
3. Name of school
4. "Under the orders of": Fill in the physician's name
5. List all equipment supplied by the parent/guardian
6. "Dated this": Fill in day, month, and year
7. Signature of parent/guardian, address, and phone number
8. Parent is responsible for having a Notary Public witness, sign, and affix seal to the Affidavit
9. An affidavit must be completed at the beginning of each school year or when a new medical procedure is ordered.