

[On District Letterhead]

Agreement between xxxxxxx School District and Parent(s) Providing Private Duty Nurse

Student Name: _____

School: _____

Parent/Guardian Name(s): _____

Private Duty Nurse (PDN) Name: _____

The Parents understand and acknowledge that the District is ready, willing, and able to provide the Student with appropriate nursing services at school, but the Parents have requested to provide a PDN to the Student at school in order to provide direct nursing care to the student at school and provide continuity of care. The PDN will be at no cost to the District. The Parents agree to authorize the PDN to share information relating to the Student's medical condition(s) and health care needs at school.

The District agrees to permit the PDN to provide nursing care to the student at school, subject to the terms of this Agreement and the Agreement between the District and the PDN. Either party may terminate this Agreement for any reason. The Parents agree to provide the District with reasonable notice in the event that a PDN will no longer provide nursing services to the Student at school.

In consideration of the District permitting the PDN to provide in-school nursing services to the Student, the adequacy of which is hereby acknowledged, the Parents hereby release and discharge the District, its officers, administrators, employees, successors and assigns (collectively, "the District") from all claims, demands, damages, losses, and costs, including attorney's fees, both known and unknown, which arise from or relate to the PDN's provision of nursing care to the Student in school and the District's agreement to permit the PDN to provide such services to the student in School. The Parents expressly waive any claim that the District failed to provide the Student with FAPE by not providing nursing services to the Student at school.

The Parents agree to provide the following documents to the District on or prior to the first day that the PDN will attend school with student:

Attach copies of the following documents:

- A. PDN's valid Wisconsin Practical Nurse (LPN) or Registered Nurse (RN) license.
- B. PDN's current CPR/AED certification.
- C. PDN's valid Driver's License (only if PDN will be transporting student)
- D. Proof of liability/malpractice insurance.
- E. Copy of the current Health Care Plan.
- F. Memorandum of Understanding signed by the PDN.

Parent/Guardian

Date

School Administrator

Date