**SAMPLE\* Agreement between [xxx] District and Private Duty Nurse (PDN) Provided by Parents**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (“PDN”) agree to the following responsibilities, professionalism and

(nurse)

confidentiality standards while attending school in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District ("District") with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to meet the student’s medical needs.

(student)

I, as a licensed nurse, will adhere to the Wisconsin Nurse Practice Act, Wis. Stat. ch. 441; Standards of Nursing Practice, Wis. Admin. Code ch. N 6; and guidelines set forth by the State of Wisconsin for Nurses in Independent Practice, [Wis. Admin. Code § DHS 105.19](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20105.19). The parties agree as follows:

**Responsibilities:**

* PDN will provide direct nursing care to student during the school day. PDN will provide such services in a manner which minimizes any disruption to the educational environment. PDN will collaborate with parents and District staff regarding how to minimize disruption to the educational environment.
* PDN will maintain and update student’s Health Care Plan and provide a current copy to District Nurse.
* PDN will maintain record of nursing care to student in school and update District regarding any major changes.
* PDN will adhere to the student schedule established by the District, except for necessary interventions for medical needs.
* The District will provide PDN with an I.D. badge, and PDN will wear I.D. badge when in school.
* PDN will collaborate with District staff to determine appropriate time for lunch breaks and to maintain safety of student during necessary restroom breaks and other necessary breaks. The District will designate appropriately trained staff to monitor student during said break.
* PDN will not leave visual sight of student without notification to designated District staff.

**Professionalism/Confidentiality:**

* PDN will keep confidential information inadvertently obtained, observed, or overheard regarding other District students. PDN will adhere to the confidentiality requirements of Section 118.125 of the Wisconsin Statutes, Family Educational Rights Privacy Act (FERPA), and School Board policies relating to confidentiality of student records. Under no circumstances shall the PDN discuss with non-District staff information regarding other students for which the PDN has no responsibility,
* PDN will adhere to School Board Policies and Procedures. The District will make such Policies and Procedures available to the PDN and review them with the PDN.
* PDN will follow the District’s protocols regarding blood borne pathogen (BBP) precautions. The District nurse will review such protocols with the PDN.

In consideration of the District permitting me to provide in-school nursing services to a student as a private duty nurse PDN, I do hereby release and discharge the District, its officers, administrators, employees, successors and assigns from all claims, demands, damages, losses, and costs, including attorney’s fees, both known and unknown, which arise from the nursing care I provide pursuant to this Agreement, the use of District property for that purpose, or the District’s performance of this Agreement.

PDN signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print PDN name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Administrator signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print District Administrator name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Districts are advised to seek their own legal counsel when creating agreements. This sample is offered as an example only.*