



**Shelton
School
District**

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Letter of Intent to Provide Medication and/or Nursing Service Task(s)

I, _____, voluntarily, willingly, and without coercion, agree to provide the following nursing delegated service task(s) for:

(name of student)

_____ Medication Administration
_____ State name/dose of medication, time, and frequency to be given
_____ Nursing Service Procedure

Describe service procedure, including time to be administered, and frequency of administration _____

By signing this Letter of Intent, I acknowledge that I signed this form at the time I was asked, and agreed, to provide the above service nursing delegated task. I understand that this Letter of Intent will expire if the conditions of acceptance are substantially changed. I may decide, without employer penalty, to discontinue providing the service(s) listed above for any reason, including but not limited to, discomfort with the procedure, inability to conduct the procedure at required time(s), or fear of potential harm to the student.

I understand that I must be trained in administering the procedure nursing tasks(s) described above, and agree to participate in such training prior to providing the nursing tasks(s) listed above, and on an ongoing basis as needed, as determined by the registered nurse or advanced registered nurse practitioner who is delegating this (these) duty(ies) to me.

Signature of Delegate

Date

Signature of RN/ARNP who is delegating

Date