



1879 Deerfield Road · Lebanon, OH 45036 · (513) 695-2900 · Fax (513) 695-2961  
http://www.warrencountyesc.com

### Task / Procedure Consent

The Warren County Educational Service Center has been requested to perform the health task/procedure below during the program day. As parents/guardians/primary caregiver of the individual and primary physician of the individual, please review the medication procedure, and complete, sign and return this form authorizing its use.

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

1) Task/Procedure: \_\_\_\_\_

2) Procedure: (Attached: YES or NO) \_\_\_\_\_

3) Precautions, possible reactions, and interventions: \_\_\_\_\_

4) Time schedule for task \_\_\_\_\_

Task / Procedure to be continued as above until \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
Printed Physician's Name /phone number

\_\_\_\_\_  
Date

I have reviewed the above information and authorize the task / procedure as stated.

I agree to do the following: 1) Deliver or send any needed supplies for the above task.  
2) Notify the WCESC Staff in writing with the physician's signature that the above task has had a change or has been discontinued.

\_\_\_\_\_  
Parent/Guardian/Primary Caregiver Signature

\_\_\_\_\_  
Date