

ST. WENCESLAUS GRADE SCHOOL
BISHOP NEUMANN HIGH SCHOOL
HEALTH SERVICES
SPECIAL TASK DELEGATION SHEET

DATE: _____ STUDENT: _____

FREQUENCY ORDERED BY M.D.: _____

HEALTH RELATED TASK: _____

PURPOSE OF TASK: _____

PROCEDURE: Steps to follow: _____

EXPECTED OUTCOME: _____

POSSIBLE RISKS OR SIDE EFFECTS OF TREATMENT: _____

Follow-up for side effects, unexpected outcomes, or complications of treatment: _____

The above task has been taught to me through written and verbal instructions and by demonstration. I understand that instruction for this task is for the above named student only and that I cannot perform this or similar tasks for other students without further instruction by a Registered Nurse.

Staff Trained: _____ Date: _____

R.N. Signature: _____ Date: _____

Staff Trained: _____ Date: _____

R.N. Signature: _____ Date: _____

Staff Trained: _____ Date: _____

R.N. Signature: _____ Date: _____