

**DOCUMENTATION OF GUIDELINES REVIEW REGARDING
COOPERATIVE WORKING RELATIONSHIPS BETWEEN
NON-SCHOOL AGENCY NURSING PERSONNEL AND
THE SCHOOL DISTRICT OF NEW LONDON**

Name of student with health care needs: _____

School attended: _____

Grade: _____

School Year: _____

Date form completed: _____

The signatures below certify that the persons listed have reviewed the School District of New London's Board of Education Policy/Procedure 453.7 (Cooperative Working Relationships with Non-School Agency Nursing Personnel) and will comply with the procedures outlined. Documentation of a joint review of these guidelines is required on at least an annual basis.

Signatures:

Non-School Direct Service Staff

School District Teacher

Non-School Agency Supervisor

School District Nurse

Building Principal

Other signatures as appropriate:

Name: _____

Position: _____

Name: _____

Position: _____

Name: _____

Position: _____

Name: _____

Position: _____