Sample

**Sample School Medical Director Delegation Statement**

Registered Nurses employed by (insert the name of employer) and who provide health services for the above referenced school district/school may review private provider health examination forms, interval health history for athletics forms and screen students for vision, hearing and scoliosis. Any health information forms reviewed which indicate medical problems or outside of normal screening findings which are not addressed by the parent/guardian or PCP after referral should be forwarded to me through:

□ Secure Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authority for Delegation: (Education Law, Article 19, § 905, (1).) Such delegation should be in written policy.

Sample resource created by NYSCSH located at [www.schoolhealthny.com](http://www.schoolhealthny.com) 6/2018