8A

FAIRFAX COUNTY PUBLIC SCHOOLS

SPECIFIC HEALTH CARE PROCEDURE CHART

FAIRFAX COUNTY HEALTH DEPARTMENT

STUDENT'S NAME:		**DOB:**
SCHOOL YEAR:	**GRADE:**	**TEACHER:**
NAME OF SPECIFIC PROCEDURE:		
TIME OF PROCEDURE:		
ORDER EXPIRATION DATE:		

DAILY CHARTING

DATE	TIME	MEASURE	REMARKS	INITIAL	DATE	TIME	MEASURE	REMARKS	INITIAL

SB

SIGNATURE KEY

Initials	Signature and Title	Printed Name and Title	Initials	Signature and Title	Printed Name and Title

PROCEDURE/EXCEPTIONS OR NOTES

DATE	COMMENTS	INITIALS

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or guardian or eligible student.

SS/SE-181 (6/08)