



Clarksville-Montgomery County School System HEALTH SERVICES CONFIDENTIALITY STATEMENT

I will not disclose any information regarding students and/or their medical conditions while I am observing/volunteering/shadowing in the Clarksville Montgomery County School System.

I understand that I am not an employee of the school system and that I am only to observe and/or shadow under the direct supervision of the school nurse. I understand that if I am volunteering in the school clinic while the nurse is not present, I am only to perform basic first aid treatments and that I am not authorized to administer any medications, assist students with medications, or perform any health care procedures.

Signature: _____ Date: _____

PRINT Name: _____

Witness: _____