

# JCBDD

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## JACKSON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

NICK ELLIOTT  
SUPERINTENDENT

822 SELLERS DRIVE  
PO BOX 607  
JACKSON, OHIO 45640  
740-286-6491

Dear Parent/Guardian:

We are required by state law to annually receive permission for any nursing related tasks such as feeding, changing and toileting, which may be delegated to non-nursing personnel, such as your child's teacher and teacher assistants. Please sign the attached statement and return to your child's teacher at Hope Haven School as soon as possible. If you have any questions, please call the JCBDD Program Nurse at 740-286-6491.

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I hereby give my permission for trained staff, Classroom Teachers, and after school staff, under the supervision of a Registered Nurse, to perform tasks necessary for the care of

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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JCBDD DOES NOT DISCRIMINATE IN PROVISION OF SERVICES OR EMPLOYMENT BECAUSE OF HANDICAP, RACE, COLOR CREED, NATIONAL ORIGIN, SEX OR AGE. "AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER."