**Rescinding Delegation – Registered Nurse**

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| Click or tap here to enter text. | | |  | Click or tap here to enter text. | | |
| School/District Name | | |  | Student Name (if applicable) | | |
| Reason For Rescinding (Check all that apply) |  |  | | |  |  |
| School year\nurse contract ended |  | Staff not competent | | |  | Other (specify)Click or tap here to enter text. |
| Student no longer at school |  | Staff not willing | | |  |  |
| Student’s condition changed |  | Student safety compromised | | |  |  |
| Staff no longer working with student |  | Student/parent/guardian requested | | |  |  |
| Task not performed correctly |  | Frequent staff turnover | | |  |  |
| Task rescinded: Click or tap here to enter text. | | | | | | |

**Medications**

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| **Staff Member Names** | | **All TASKS** | **ORAL** | **TOPICAL** | **DROPS**  **EYE EAR** | | **NASAL SPRAY** | **OTHER/SPECIFY** | |
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| **PRINCIPAL / SUPERINTEDENT NOTIFIED** | **NAME OF PRINCIPAL/ SUPERINTENDENT NOTIFIED**  Click or tap here to enter text. | **DATE**  Click or tap to enter a date. |
| **ALTERNATIVE PLAN FOR CONTINUING THE TASK**  Click or tap here to enter text. | | |
| **RN SIGNATURE**  Click or tap here to enter text. | | **DATE**  Click or tap to enter a date. |