**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| Task rescinded: Click or tap here to enter text.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. |