



**CRESWELL
SCHOOL DISTRICT 40**
ONE TEAM, ONE DREAM

998 West A Street | Creswell, OR 97426
Nursing Office: (541) 895-6197

Consent for Student Toileting Assistance

Student: _____

DOB: _____

School: _____ Teacher/ Grade:

Creswell School District recognizes that some students may need assistance with toileting and/or diapering during the school day. Creswell School District employs male and female classroom teachers and assistants. Either may be assigned to assist your child with their toileting needs. CSD policy states there will always be two staff members present when toileting assistance is provided.

Special instructions:

This consent will be good for 12 months or until changes are made in writing by the student's guardian.

Parent/Guardian Signature: _____ Date: _____

Student Signature (Optional): _____ Date: _____