

STEPHANIE ELIZALDE, ED.D.  
SUPERINTENDENT OF SCHOOLS



Dear Parent or Guardian:

Your child is attending the Student Shadowing Program at the School of Health Professions. School of Health Professions students will be performing medical procedures on each other which your student will be observing. Shadow students may observe only and **may not** perform any procedures.

Please have your student at the school by 8:45 am as class starts at 9am. Only the student will be able to enter the building and you may bring them to the main entrance off 8<sup>th</sup> Street and security will direct them to our school office. The shadowship will end at 12pm, so please make arrangements to pick up your student and take them back to their school for lunch and their classes. We will provide an excuse note for the time spent with us shadowing.

Please be assured that these procedures are performed under the supervision of the instructor who themselves are certified and licensed Medical Technologists (MT), Dental Hygienists (DH), Dentists (DDS), Licensed Athletic Trainers (LAT), and Registered Nurses (RN), or Licensed Vocational or Practicing Nurse (LVN or LPN). All possible safety precautions are followed for the protection of the patient (donor) and of the medical worker (student performing the test procedure). Students are **required** to wear gloves, aprons or lab coats, and use barrier shields when collecting and working with any body fluids. Needles used are approved automatic lancets that are sterile, used only once, and destroyed by approved safety standards.

Please sign this form giving permission for your son or daughter to observe these activities. The teachers listed below will be supervising during your student’s shadow visit:

Cluster Teachers	
Bridgett Armstead, LVN 972-925-6273	Grace Barber, RN 972-925-6379
Lacoya Hall, LVN 972-925-6272	Matthew Hammons, MLS 972-925-6270
Shari Harrington, MT 972-925-5934	Dr. Bobbie Lowe, PhD. RN 972-925-6375
Yvonne, Morgan, CAPE LVN 972-925-6362	Jennefer Ramirez, DH 972-925-6380

\_\_\_\_\_ (Student’s name)

I give my permission

I do not wish to give permission.

\_\_\_\_\_ (Parent’s signature)

\_\_\_\_\_ (Date)