

**KILLEEN INDEPENDENT SCHOOL DISTRICT**

**Parent Consent to Assist with Toileting**

I, \_\_\_\_\_, the parent of \_\_\_\_\_, give  
(parent's name) (child's name)

\_\_\_\_\_ School's administration, with the support of campus clinic staff or  
(campus name)

an instructional aide, permission to assist my child with toileting as needed starting \_\_\_\_\_  
(date)

and ending \_\_\_\_\_. My child, \_\_\_\_\_, will be encouraged to do as much  
(date) (child's name)

self-care as possible before staff intervention. This statement is for the student and employee's safety and health, and to help maximize his/her time in class, I will notify the campus administration and clinic in writing if I would like the assistance to stop before the date noted above.

\_\_\_\_\_  
Parent (Print name)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructional Aide/Clinic Staff (Print name)

\_\_\_\_\_  
Instructional Aide/Clinic Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Administrator (Print name)

\_\_\_\_\_  
Campus Administrator Signature

\_\_\_\_\_  
Date