

Student Information:

PARENT/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

- The Parent/Guardian Consent for School Health Services Form is required for each student every school year.
- When necessary, emergency health services such as first aid, cardiopulmonary resuscitation (CPR) or the
 use of an automated external defibrillator (AED) will be performed until emergency medical services arrive on
 campus.
- Additional parent/guardian authorizations are required each school year for the school clinic staff or school staff
 to administer daily or as-needed prescribed or over-the-counter medications, conduct medical procedures, or
 provide medical treatment.
- Additional parental/guardian written consent is required every school year for the optional COVID-19 In School Testing Program and the Dental Sealant Program.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE INFORMATION MANAGEMENT TECHNICIAN (IMT) AT YOUR CHILD'S ASSIGNED SCHOOL IF YOU CONSENT AND WISH FOR YOUR CHILD TO RECEIVE ANY OF THE SCHOOL HEALTH SERVICES LISTED BELOW.

Print/Type all Information Requested

Last Name	Middle Name	Name Firs		e	Student Birth Date		Male □ Female □		
Street Address		Apartment #		City	State		Zip Code		
Parent/Guardian Inform	ation:						ı		
Last Name	Middle Name		First		Relationship to St (Parent or guardia		ent		
Street Address		Apartment #		City	•	State	Zip Code		
Home Phone Number	Work Phone N	Се	ll Phone Nu	Phone Number		l			
Indicate which services you give consent to and would like your child to receive at school with in the appropriate check box.									x"
Care and treatment for illness and injury									
Vision screening									
Hearing screening									
Growth and development screening (body mass index)									
Parent/Guardian (PRINT)	 Par	ent/Guard	dian (Sl	GNATURE)			Date		
Student's Name (PRINT) Revised 07/19/2022	Stu	dent's (SI	GNATI	JRE)			Date		