

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

Student Information:

Last Name	Middle Name	First Name	Student Birth Date	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address	Apartment #	City	State	Zip Code	

Parent/Guardian Information:

Last Name	Middle Name	First Name	Relationship to Student (Parent or guardian)
Street Address	Apartment #	City	State Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	Notes:

Indicate which services you give consent to and would like your child to receive at school with an “x” in the appropriate check box.

	Yes	No
Care and treatment for illness and injury	<input type="checkbox"/>	<input type="checkbox"/>
Vision screening	<input type="checkbox"/>	<input type="checkbox"/>
Hearing screening	<input type="checkbox"/>	<input type="checkbox"/>
Growth and development screening (body mass index)	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian (PRINT)

Parent/Guardian (SIGNATURE)

Date

Student’s Name (PRINT)

Student’s (SIGNATURE)

Date