

## PARENT/GUARDIAN CONSENT FOR SCHOOL/CENTER HEALTH SERVICES

- This consent will remain in effect until your child transfers to another school, graduates or you indicate in writing that you wish to rescind this consent for school health services provided by the Health Program.
- When necessary, emergency health services such as first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) will be performed until emergency services arrive on campus.
- Separate parent/guardian authorizations will be required for the health program staff or school staff to administer daily or as-needed prescribed or over-the-counter medications, conduct medical procedures or provide medical treatment.

***THIS FORM MUST BE COMPLETED AND RETURNED TO THE HEALTH OFFICE IF YOU CONSENT AND WISH YOUR CHILD TO RECEIVE ANY OF THE SCHOOL HEALTH SERVICES LISTED BELOW.***

### Student Information

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

### Parent/Guardian Information

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Relationship to Student (parent/guardian)</b>	
<b>Street Address</b>	<b>Apartment #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Cell Phone</b>	<b>Work Phone</b>	<b>Home Phone</b>		

Please indicate which services you give consent and would like your child to receive at school with an "x" in the check box.

<b>Care and treatment for illness and injury</b>	<input type="checkbox"/>
<b>Vision screening (K, 1 and 3)</b>	<input type="checkbox"/>
<b>Hearing Screening (K, 1 and 3)</b>	<input type="checkbox"/>
<b>Growth and Development screening (body mass index; 1 and 3)</b>	<input type="checkbox"/>
<b>Covid-19 testing</b>	<input type="checkbox"/>
<b>Therapy Animal Support</b>	<input type="checkbox"/>