



# PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES

I give consent to the following services, as needed:

## School Health Room Services

- Basic First Aid
- Care and Treatment for Illness and/or Injury
- Nursing Assessments
- Nutrition Assessments
- Health Counseling
- Assist student with physician ordered medication administration (separate permission form required)

## School Health Screenings

Florida Statue 381.0056(7)(d), mandates regular health screenings to public school students. The screenings include vision, hearing, height and weight, Body Mass Index (BMI), and scoliosis (6<sup>th</sup> grade only). **Any parent choosing to decline the required school health screening must provide a written communication to the school administrator.**

I understand that certain educational records of my child will be shared with the district's health care partners, as needed, to provide and evaluate health services to students. I also understand and agree that my child's medical records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such records. If my child is or becomes Medicaid eligible, reimbursable services may be billed to Medicaid and my child's information and records may be provided to Medicaid and/or the school board's Medicaid processing agents. Your signature authorizes us to obtain Medicaid eligibility for billing purposes only.

Print Student's First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Print Parent's First and Last Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The above consent statements will remain in effect until the parent/legal guardian submits a new School Health Services Consent form.*