



Parent Consent for School Health Services

Due to recent legislation, parents must give written consent in order for their child to participate in school health services. I give consent for my child to participate or not participate in school health services as directed below. Please circle Yes or No. This consent will continue each year unless a parent opts out in writing.

Yes No I want my child to participate in school health services which may include: first aid, emergency care, health appraisals, nursing assessment, health counseling, referral and follow-up, health promotion, disease and injury prevention, health education, and health consultations.

Yes No I want my child to participate in Vision Screening in mandated screening grades and as requested.

Yes No I want my child to participate in Hearing Screening in mandated screening grades and as requested.

Yes No I want my child to participate in Height/Weight/Body Mass Index Screening in mandated screening grades and as requested.

Yes No I want my child to participate in Scoliosis Screening in mandated screening grades and as requested.

Print Student Name: _____ Student Number: _____

Print Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

