



PARENTAL CONSENT FOR HEALTH CARE SERVICES 2023-2024 SCHOOL YEAR

August 1, 2023

Dear Parent/Guardian of _____

Due to the passage of Florida Statue 1014.06 (Parents Bill of Rights - Parental Consent for Health Care Services); Parents must now provide affirmative consent for schools to provide health care services to minor students. This means that a service we routinely provided in the past such as rendering ice packs, band aids, or taking a student’s temperature can no longer take place on the school campus without parental consent on file. The district will require parent/guardian consent to allow for the services traditionally provided by school clinic assistants, including care and treatment for general health services which may include but is not limited to band aids, ice packs, wound coverings, anti-itch cream such as calamine lotion, etc.

PLEASE NOTE: Until the school receives consent, teachers, clinic assistant/s and other school personnel cannot provide band-aids, ice packs, or additional services on campus for minor injuries or complaints. Consent must be verified before any treatment is provided.

If the school does not have consent on file, parents will be notified each time their child comes to the clinic requiring care with the expectation that they pick up their child if he/she appears sick, unwell, or needs first aid care.

Please keep in mind the school staff still reserves the right to call 911 and provide emergency care in the event of a serious accident, injury, or illness regardless of if we have parent/guardian consent on file per School Board Policy.

Please be aware that additional consent and/or doctor’s orders are still required for medication administration and medical procedures.

Please indicate you are giving consent by checking “Yes,” and signing the form below. Please return to your students’ teacher.

_____ Yes, I agree for my child’s school to provide general care and treatment services which include but are not limited to band aids, ice packs, wound coverings, anti-itch cream such as calamine, etc.

Student Name: _____ Grade: _____

Parent/Guardian Name

Parent/Guardian Signature

Date