



Robertson County Schools Parent/Guardian Consent for School Health Services

Dear Parent/Guardian,

In accordance with the Families Rights and Responsibilities Act, Public Chapter No. 1061, in order for a student to receive healthcare services from a school nurse or other persons acting on behalf of the school system, a parent/guardian must provide written consent.

Student Name _____ DOB _____

_____ **YES** _____ **NO** My student has permission to see the school nurse or other persons acting on behalf of the school system for basic health services including treatment of minor illness/injury (headache, abdominal pain, vomiting, fever, cuts, scrapes, etc.) and/or other non-emergent care.

If you do NOT consent for your child to receive basic healthcare services, you will need to ensure that you are able to arrive at the school within 30 minutes of notification for the treatment of any illness or injuries for your student. If you do not arrive within 30 minutes, EMS may be called.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____

Date _____

For any questions or concerns regarding this information, please contact Robertson County Schools Health Services Department

Ph 615-382-3606

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****This form must be returned to the school nurse once parent signature is obtained****