



WEST BONNER COUNTY SCHOOL DISTRICT #83
Administrative Office
134 Main Street, Priest River, ID 83856
(208)448-4439 • www.sd83.org

Parental Consent for Health Care Services at School

Student Name: _____ Birthdate: _____ Grade: _____

Due to new legislation, West Bonner County School District (WBCSD) must gain prior parental consent before providing any healthcare service at school. WBCSD provides health care services that may include screening, examination, prevention, treatment, cure, care, or relief of any physical or mental health condition, illness, injury, defect, or disease. WBCSD staff may provide minor first aid care (band aids, ice packs, etc.) and screening services (hearing, vision, scoliosis, lice check, etc.) to students enrolled in our schools. Parents are always able to receive all records related to the care provided to their child. Every child must have their own consent signed.

Please note, per Idaho Code 32-1015, if consent to assess, screen, examine or treat is not given, your child will not be assessed or treated for ***any*** injury or illness unless your child has a life-threatening emergency. Without consent you agree to be immediately available to provide aid to your child. Emergency services may be rendered by WBCSD (Examples: CPR, bleeding control, Epinephrine for anaphylaxis, or Narcan for possible opioid overdose). We do NOT administer any immunizations or vaccines.

This consent includes the screening and treatment of a minor child by WBCSD designated staff member while on or adjacent to any school grounds to include activities, trips, or events.

Parent/Guardian Consent:

Consent for First Aid Treatment and Screenings:

- ☐ Yes, I consent to my child being screened, assessed, and treated for injuries and illness.
- ☐ No, I do NOT consent to my child being screened, assessed, and treated for injuries and illness, instead, I agree to be available immediately to provide aid to my child.

_____/_____
Parent/Guardian Name Date

Parent/Guardian Signature