CHARTER SCHOOL ASSOCIATES

PARENT/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

Under the Florida Parent's Bill of Rights and in accordance with Florida State Statute 1014.06(1), parents or legal guardians of students must authorize the school to provide limited healthcare services for your student, should the need arise for such treatment, while your student is under School supervision. Parents must also provide consent for students to participate in screenings required by Florida Administrative Code 64F provided at School; vision screening, hearing screening, growth and development screening, and scoliosis screenings. By responding "Yes" to this parental consent for healthcare, you are authorizing the school to provide limited treatment to your student for minor injury or illness reported or observed while your student is at school, including but not limited to, basic first-aid services, providing bandages and icepacks when applicable, checking temperatures and basic injury assessment. A "Yes" response does not authorize the dispensing of medication. The provision of medication requires a separate, additional consent.

A "No" response will result in calls to the parent/guardian or emergency contact for all medical concerns including but not limited to instances where students may have a "headache", feel ill or minor injuries such as cuts, scrapes, bumps, or bruises. In an emergency first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) will be performed by employees until Emergency Medical Services (EMS) arrive without prior parent/guardian consent. EMS will continue to be contacted for any situation deemed serious.

This consent will remain in effect until your child transfers to another school district, graduates or you indicate in writing that you wish to rescind this consent for school health services.

Failure to respond will result in an indication of "No" for healthcare treatment and a parent or guardian will need to be contacted for all medical concerns e.g., bandage, icepack etc.

Complete form and return to student's homeroom teacher.

Student Information

				Male ☐
First Name	Middle Name	Last Name	Student Birth Date	Female ☐

Street Address	Apartment #	City	State	Zip Code

Parent/Guardian Information

First Name	Middle Name	Last Name	Relationship to Student (parent/guardian)
Home Phone #	Work Phone #	Cell Phone #	Email Address
Address:			

Indicate which services you give consent and would like your child to receive at school with an "x" in the check boxes.

Care / treatment for illness / injury	☐	Growth / Development Screening (Body Mass Index)	☐
Vision screening	☐	Scoliosis screening	☐
Hearing screening	☐	**I DO NOT Consent to any of the services**	☐

Parent/Guardian (PRINT) _____ Parent/Guardian (SIGNATURE) _____ Date _____