PINELLAS COUNTY SCHOOLS

CONSENT FOR SCHOOL-BASED HEALTHCARE SERVICES

Per State statute, parental consent is required for the following healthcare services listed below. If you agree to allow your student to receive all or any of these services below if/when they are needed, please check the appropriate boxes in each section. Please complete one form for each student.

Emergency services will be provided to all students according to the standards found in the Florida Emergency Guidelines for Schools https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html.

As required by law, a new consent form is needed every school year.

Student Name: _____ Grade Level: _____

Healthcare Services: Please check the appropriate box below to indicate your consent for school-based healthcare services.

- ❑ I consent to ALL school-based healthcare services as listed below.
- ❑ I consent to ONLY the services I check below:

Illness Assessment

- ❑ Nursing assessment: ear/throat check, heart and lung assessment, blood pressure monitoring
- ❑ Head lice check
- ❑ Scabies check

Health Screenings (Parent/guardian will be provided a copy of all results)

- ❑ Vision screening (for grades KG, 1, 3, 6 and as requested by teacher).
- ❑ Hearing screening (for grades KG, 1, 3, 6 and as requested by teacher).
- ❑ Height/Weight/BMI screening (for grades 1, 3, and 6).
- ❑ Scoliosis screening (for grade 6 only).

Parent/Guardian signature: _____ Date: _____

Parent/Guardian print name: _____ Phone: _____