



REQUIRED TO BE SIGNED BY ALL PARENTS/LEGAL GUARDIANS

PARENT/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

In accordance with the "Parents' Bill of Rights", Florida Statute 1014.06 – Parental Consent for Health Care Services recently approved by the Florida Legislature and signed into law by Governor Ron DeSantis, **in order for a student to receive health care services by a school nurse a parent/guardian must provide written consent.**

Please see a list of the health services provided by the school nurse on the back of this form.

This consent **DOES NOT AUTHORIZE** invasive screening or procedure (COVID-19 testing, blood draw, vaccinations, etc.), preventative health care, medication administration, mental health counseling, therapy (physical therapy, occupational therapy, etc.), or other services that have traditionally required specific parental direction and consent (administration of medication, medical procedures, medical management of chronic health conditions, etc.)

Student Name (please print) _____

School (please print) _____

Date of Birth _____

Student ID # _____

I CONSENT for my child to receive traditional basic health services from the school nurse while at school unless otherwise specified here: _____

I DO NOT CONSENT for my child to receive any health services from the school nurse while at school, which means the **school nurse WILL NOT provide any healthcare service for my child including if my child becomes ill or needs treatment for injury.**

Signature of Parent or Legal Guardian

Print Name

Date

This Consent Form 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.