

APPENDIX C - Student Health Services

CONSENT FOR SERVICES AND TREATMENT

I hereby give consent for my child to receive first aid and emergency care and treatment at school if needed. In the event of an illness or injury, the school will contact the parents and/or emergency contacts as listed for the student. In the event of a serious illness or injury requiring immediate medical treatment, I hereby request designated school personnel to call EMS/911 for transport to the hospital designated below, and consent to have the named hospitals, doctors, or emergency agencies bill me for the expense incurred. In the event of an illness or injury where immediate medical treatment is NOT indicated, but where my child is unable to remain in school, I agree to arrange for my child to be picked up from school within 30 minutes of being contacted. If I am unable to be reached, I hereby consent for the school to contact my listed emergency contacts to arrange for pick-up of my child.

MEDICATION ADMINISTRATION

All student medications must be administered by authorized school personnel. I agree to complete a medication authorization form and confer with the school about any prescription medications and doses that need to be administered to the student during the school day. Students are not permitted to take any medications on their own (either prescription or non-prescription) without an authorization form. It is the responsibility of the parent to provide all prescription and over the counter medication that they wish to be administered and complete the required authorization forms. I understand that all medication must be provided in its original unopened packaging, or in its original prescription bottle with label. It is the student's responsibility to come to the clinic for their scheduled doses. The clinic also offers the following topical agents: Anti-Itch cream (Calamine), Triple Antibiotic Ointments, burn relief spray, and first aid cleansers. I hereby request and give permission to the school nurse or other authorized school personnel to administer medication(s) to my child as indicated in this document. Please keep your student's health information up-to-date through the front desk.

Student Name: First _____ Last _____ Grade ____

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____