



**PARENT/GUARDIAN CONSENT FOR HEALTH SERVICES  
Gadsden County Schools**

The Florida Department of Health- Gadsden in conjunction with Florida State University (FSU) College of Medicine work together to provide quality care for the students of Gadsden County. All services are rendered by professional staff: physicians, nurse practitioners, community health nurses, and certified nursing assistants. If you would like for your child to receive these services, please complete the front and the back of this form. All parents/legal guardians will be contacted by telephone to verify their consent.

Without this parental consent form, your student may only be offered basic services (e.g., first aid, general health assessment, and general health education).

**\* This form will be valid as long as your student remains enrolled at school. If you wish to discontinue clinic services, please contact the staff at the student health center.**

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Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_  
 Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Telephone Number of Parent/Guardian: \_\_\_\_\_ or \_\_\_\_\_  
 Student's relationship to person completing this form: \_\_\_\_\_

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The following services provided by the Gadsden County School Health Program include, but are not limited to:

- Hearing and Vision Screening
- Height and weight measurement, (BMI) Body Mass Screening
- Scoliosis Screening
- Medication Administration- Prescription & Non-Prescription
- School Physicals and Sports Physical Exams
- Physical Exam and Evaluation and/or Treatment

**\*Please check the area below, next to the service you would like for your student to receive (select one choice):**

- My student has my permission to receive all health services offered at Gadsden County Schools .
- My student has my permission to receive only the health services checked in the section, above, at Gadsden County Schools.
- My student does not have permission to receive health services at Gadsden County Schools.

In connection with the medical services that I am receiving from the FSU College of Medicine' s School-Based Health Program, I, in accordance with section 1014.06, Florida Statutes\*, hereby consent to FSU nurse practitioners, physician assistants, medical doctors, and their respective agents to provide or arrange to provide health care services or prescribe medicinal drugs to the above student. This consent is valid from the date executed below until revoked, in writing by the student's parent/legal guardian or upon the student obtaining their majority (18 years of age).

\*I understand that section 1014.06, Florida Statutes, states that a physician or healthcare provider "may not provide services ... or prescribe medicinal drugs to a minor child without first obtaining written parental consent."

\*\*However, I understand that section 743.0645, Florida Statutes, allows the following persons (in order) to consent to the medical care or treatment of a minor when the parent/guardian cannot be located: the minor's health care surrogate, step-parent, grandparent, adult sibling, or adult aunt or uncle.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE CHECK ALL THAT APPLY AND USE THE ADDITIONAL LINES AT THE BOTTOM FOR MORE EXPLANATION.**

1. \_\_\_\_\_ Chronic or recurrent illness? \_\_\_\_\_
2. \_\_\_\_\_ Illness lasting more than a week? \_\_\_\_\_
3. \_\_\_\_\_ Hospitalizations? \_\_\_\_\_
4. \_\_\_\_\_ Surgeries? \_\_\_\_\_
5. \_\_\_\_\_ Injuries requiring treatment by a physician? \_\_\_\_\_
6. \_\_\_\_\_ Presently taking any medications (including over the counter)? \_\_\_\_\_
7. \_\_\_\_\_ Problems with blood pressure or heart? \_\_\_\_\_
8. \_\_\_\_\_ Dizziness, fainting, seizures, or frequent headaches? \_\_\_\_\_
9. \_\_\_\_\_ Ever been knocked out or had a concussion? \_\_\_\_\_
10. \_\_\_\_\_ Wear glasses or contact lens? \_\_\_\_\_
11. \_\_\_\_\_ Wear any dental appliances such as braces, bridge, plates, or flipper? \_\_\_\_\_
12. \_\_\_\_\_ When was the last time your child saw the dentist? \_\_\_\_\_
13. \_\_\_\_\_ What is the name of your child's dentist? \_\_\_\_\_
14. \_\_\_\_\_ Allergic to ANY medications (example: aspirin, penicillin, etc.) or latex? \_\_\_\_\_
15. \_\_\_\_\_ Any history of knee injuries? \_\_\_\_\_
16. \_\_\_\_\_ Any history of ankle injuries? \_\_\_\_\_
17. \_\_\_\_\_ Any history of neck injuries? \_\_\_\_\_
18. \_\_\_\_\_ Any history of sprains or dislocations? \_\_\_\_\_
19. \_\_\_\_\_ Any history of broken bones? \_\_\_\_\_
20. \_\_\_\_\_ Any organ missing, (example: appendix, kidneys, testicles, etc.)? \_\_\_\_\_
21. \_\_\_\_\_ Any history of heat exhaustion or heat stroke? \_\_\_\_\_
22. \_\_\_\_\_ Any reasons why this applicant should not participate in sports? \_\_\_\_\_
23. \_\_\_\_\_ Date of last known Tetanus (lockjaw) shot? \_\_\_\_\_

Additional Information:

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**\*\*PLEASE NOTE:** Students who take prescription medications during the school day or are authorized to carry medications will require additional consent.

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**For Clinic Staff Only:**

Parent/Guardian Signature verified by (sign): \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_