Bledsoe County Schools: Consent to Treat ***Please return as soon as possible***

As of July 1, 2024 the Family Rights and Responsibility Act passed. Parents/guardians may grant or withhold consent from Bledsoe County staff to render aid to students in emergency and non-emergency situations. Please note: All persons will act within the practice limits of the professional license that they possess. We need your consent to render aid in emergency and non-emergency situations and to follow any medical orders that may be on file for your child.

Please call Michelle DeBord-Rains, RN should you have questions or concerns (423) 447-2022

Pursuant to the Family Rights and Responsibilities Act and <u>Tenn. Code Ann.</u> § 63-1-173(c)(1)

I am the parent/guardian of:

 D/O/B ______ and I hereby (check one):

 GIVE ______ WITHHOLD ______

the school Nursing staff/Certified Athletic Trainers/Emergency Teams and other trained staff in the absence of the licensed professional) of Bledsoe County Schools permission to care for my child as follows:

 \cdot To render aid and to treat any non-emergency health conditions such as stomach ache, headache, vomiting, cuts and abrasions, nose bleeds, etc.

 \cdot To render aid and to treat any emergency health conditions such as allergic reactions, serious wounds or injuries, etc.

• To dispense over-the-counter medication as may be required to treat the child.

 \cdot To follow medical orders received from treating physicians or other health care professionals.

I understand that, if I give consent, then I have the right to revoke consent at any time upon informing the school nursing staff **in writing**. I also understand that, if I withhold or revoke consent, then I agree that I will come to school immediately to care for my child myself. I also understand that the school staff, in its discretion, may call 911 to deal with any emergency and that, if they do so, then I may be responsible for any charges.

Signature of parent/guardian

Date