

West Carroll Special School District



Please sign one form for each West Carroll Special School District student in your household and return the form to each student's school.

HEALTH SERVICES IN SCHOOL SETTING

Notice: Parent/guardian permission is required for any health services performed in the school setting.

Student's Name (please print): _____

Student Date of Birth (Month/Day/Year): _____ / _____ / _____

A new Tennessee state law passed in July 2024 which states that no medical care can be provided without either verbal or written consent. For example, your child needs a bandaid from being injured here at school. Without either verbal or written consent we would not be able to provide any medical service to that child. We would like all parents to please fill this form out and return so that we can provide non emergent medical care to your child. Without this written consent, we will have to call every time your child is in the nurse's office before providing care.

Health Services in School setting

Pursuant to the requirements of T.C.A. § 63-1-173, students cannot receive non-emergent medical care absent parent consent. This may include, but is not limited to, checking temperatures, cleaning and bandaging minor cuts or abrasions, providing an ice pack, or managing illnesses such as sore throat, ear aches, bug bites, etc. and/or injuries such as getting hurt at PE and recess that can occur during a school day. If consent is provided, it will remain in effect during the school year unless withdrawn in writing by the parent/guardian.

Do you give permission for your student to receive non-emergent health services in the school setting:

- Yes
- No*

*If no is selected, please ensure that your student understands they cannot go to the school nurse to receive treatment outside of an emergency. Parents will also be expected to ensure they are able to provide necessary treatment within 30 minutes of notification.

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Name (Print) _____ **Date** _____

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs/older) _____ **Date** _____