



HAMBLEN COUNTY DEPARTMENT OF EDUCATION

A new law has been passed within the Parental Rights and Responsibilities Act to include school nursing consent. A School Nurse **MUST HAVE** CONSENT to treat a student for ANY reason. This includes ALL NON- EMERGENCY CARE. Please read the information below and return to school **as soon as possible**. Your child cannot receive any care from the School Nurse without it returned.

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

I am the parent/guardian of: (Please Print) _____.

Date of Birth _____, and I hereby (check one):

GIVE: _____

WITHHOLD: _____

The staff, including the school nursing staff of Hamblen County Schools, acting within the scope of their licensure or as conditions may dictate, permission to care for my child as follows:

- To render aid and to treat any non-emergency health conditions such as stomach ache, headache, vomiting, cuts and abrasions, nose bleeds, etc. 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.
- To follow medical orders received from treating physicians or other health care professionals.
- To seek other aid or treatment when deemed necessary but after first giving notice to me when possible

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 understand that if I withhold or revoke consent, there will be no one present at school who can treat my child unless I provide someone to render that treatment. In cases of emergency, the school staff reserves the right to call 911 to deal with such emergencies, and this could result in financial charges to my family by the agencies rendering assistance.”

Parent/Guardian Signature

Date

Child's School

Grade