Jerome Joint School District No. 261

Students **3500F**

~~Notice of~~ Blanket Consent Form for Health Care Services for Minor Children

Providing blanket consent is optional and may, instead, be given on a case-by-case basis.

Dear Parent or Guardian,

The purpose of this form and the attached copy of the District's policy on Student Health/Physical Screenings/Examinations is to provide notice of all health services offered or made available through the school by the District or by any private organizations and to provide notice of the District's policy on physical examinations and screening of students and to obtain parent/guardian consent for these services.

The District will provide, under reasonable circumstances, nonemergency first aid services to a child appearing or representing to be sick or injured, such as dressing minor wounds, applying topical agents, providing fluids or ice, and performing checks to identify minor illnesses.

The District may also provide health care services without parent/guardian consent if District staff reasonably determines that a medical emergency exists and:

1. Furnishing the health care service is necessary to prevent death or ~~imminent, irreparable physical injury~~; or address a serious bodily harm to the minor child; or

2. District staff can't contact the parent/guardian despite a reasonably diligent effort and the ~~student's life or health would be seriously endangered by further delay in the furnishing of health care services~~ health care service is furnished to prevent loss of life or serious physical illness or injury to the minor child.

The District will provide the following additional health services or examinations which can only be provided with parental permission or in the event of an emergency as described above:

Health Service or Exam	Examples	Initial to Indicate Permission to Conduct the Health Service or Exam
Preventative health and wellness services and screenings as described in Policy 3500	Vision Screening Hearing Screening Dental Screening Scoliosis Screening Lice Checks	
Administering or assisting ~~of~~ with the administration of medication as described in Policy 3510	Medication prescribed by a medical provider or over the counter that needs to be administered during school hours.	
~~First aid and~~ Emergency care as described in Policy 3540	Vital Signs Band aides Bandages Ice Pack Epi Pen-in an emergency	
Appropriate management of all health conditions with parental consent	504 Health Care Plan Individual Health Care Plan	
Any health services the District deems appropriate		

Parent Emergency Contact Information:

Parent I : Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Email Address: _____

Parent 2: Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Email Address: _____

Please select one of the following options:

_____ I hereby designate the following emergency contact for my child and grant them authority to consent to health care services provided by the school in the ~~school's~~ absence of the school's ability to reach me.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Email Address: _____

_____ I do NOT wish to designate an emergency contact to consent to health care services provided by the school in the ~~school's~~ absence of the school's ability to reach me.

Student Name: _____

Parent Signature: _____ Date:_____