{{Full_District_Heading}}

STUDENTS **3500F**

Blanket Consent Form for Health Care Services for Minors ~~Children~~

Providing blanket consent is optional and may, instead, be given on a case-by-case basis. Blanket consent may be withdrawn by a parent at any time.

[Note: This title must be in bold, 30-point font and the sub-header must be in bold, 24-point font.]

[REQUIRED ITEM: A law or administrative rule requires boards to have a form on at least one of the topics addressed here.]

[NOTE: This form is to be provided to students' parents/guardians at the beginning of each school year.]

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 blanket consent requested in this form applies only to the health services or examinations for which the parent/guardian has provided permission below. A parent or guardian is not required to provide blanket consent. If blanket consent is not provided, the District will seek consent on a case-by-case basis when consent is required. This blanket consent does not limit or replace the District's authority or obligation to respond to a medical emergency. Consistent with Idaho law

and District policy, the District may provide health care services without prior parent/guardian consent when District staff reasonably determine that a medical emergency exists and:

- The health care service is necessary to prevent the minor child's death or address serious bodily harm; or

- Despite a reasonably diligent effort, District staff are unable to contact the parent or guardian, and the health care service is furnished to prevent loss of life or serious physical illness or injury to the minor child.

Emergency care provided under these circumstances is not conditioned on the parent or guardian signing this blanket consent form.
~~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 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 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		Initial to Indicate **Permission** to Conduct the Health Service or Exam
Preventative health and wellness services and screenings as described in Policy 3500		
Administering or assisting with the administration of medication as described in Policy 3510		
Emergency care as authorized by law and described in Policy 3540 Parental/guardian consent to this item does not limit the District's authority or obligation to respond to a medical emergency when prior consent cannot reasonably be obtained.		

Appropriate management of all health conditions with parental consent		
Any health services the District deems appropriate		

Parent Emergency Contact Information

Parent 1: 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 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 absence of the school's ability to reach me.

Acknowledgment and Authorization

Please select one of the following:

_____ **Blanket Consent**: I have read and understand the District's policy on student health services. I voluntarily provide blanket consent for the services indicated in the table above. I understand that I am not required to provide blanket consent and that I have a right to withdraw this consent at any time by notifying the District in writing.

_____ **Case-by-Case Consent**: I decline to provide blanket consent at this time. I will provide consent on a case-by-case basis for each health service requested by the District.

_____
Student Name

_____ _____
Parent Signature Date

_____
Parent Name