

# Gulf County School Health Parental Consent

Students Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ Grade \_\_\_\_\_

## FOR YOUR STUDENT'S SAFETY PLEASE LIST THREE EMERGENCY CONTACTS

Parent/Guardian \_\_\_\_\_ relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Contact # 1 \_\_\_\_\_ relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Contact # 2 \_\_\_\_\_ relationship \_\_\_\_\_ Phone \_\_\_\_\_

## PLEASE PROVIDE IMPORTANT HEALTH INFORMATION

Allergies, food, drug, other \_\_\_\_\_  
Health history \_\_\_\_\_ Physical defects \_\_\_\_\_  
Medications \_\_\_\_\_  
Comments \_\_\_\_\_

The Gulf County Health Department in partnership with the Gulf County School Board, provide school health services to assist the parent/guardian and their private physician and dentist in delivering the maximum health and wellness for the students of Gulf County. These services are provided by a school health tech in every school, a registered nurse, and / or social worker, in both communities, supervised by the School Health Coordinator. By my signature below I acknowledge the receipt of the notice of privacy practices.

## PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES

I give my consent for the above student to receive first aid for minor accidents, injury and illness, and to participate in screenings for vision, hearing, height, weight, dental and scoliosis, physical examinations, and health education. I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health service to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records. **In case of a severe or life threatening injury or illness, I request 911 services be initiated for my child and the school notify me as soon as possible.**

Name (please print) \_\_\_\_\_ Relationship \_\_\_\_\_  
Parent or Legal Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parental Consent for non-prescription medication

To assist the parents when their student is injured or ill, the Gulf County Health Department in partnership with the Gulf County School Board, have approved the use of acetaminophen (dose appropriate Tylenol) for treatment of minor pain, fever, cramps and muscular discomfort; Vaseline ointment for **minor** wound care and skin irritations; and ginger ale for minor indigestion. **I request the above products be made available to my child as needed. My child has no known allergies to the above products.**

Signature \_\_\_\_\_ Date \_\_\_\_\_