

ANTOINE L. HICKMAN, CHIEF OFFICER  
STUDENT SUPPORT INITIATIVES & RECOVERY

*Signature on File*

August 30, 2021

TO: All Principals

FROM: Antoine L. Hickman, Ed.D., Chief Officer  
Student Support Initiatives & Recovery (SSI&R)

VIA: Valerie S. Wanza, Ph.D., Chief Officer  
School Performance & Accountability (OSPA)



SUBJECT: PARENT/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES REVISED

**ACTION:** Schools must obtain parent/guardian consent for school health services. All parents must provide written consent if they wish for their child to receive school health services. The attached consent form should be distributed to all parents/guardians immediately. Schools should exhaust all options necessary to obtain parent/guardian consent.

**RATIONALE:** Under new Fla. Stat. § 1014.06, licensed health care providers and practitioners as defined in Fla. Stat. § 456.001 may not provide, solicit, or arrange to provide health care services to children without first receiving written parental consent. Schools should note that § 1014.06 provides that violators will be subject to disciplinary action under licensing statutes, administrative fines, and potential criminal action.

The Parents' Bill of Rights allows parents to do the following:

- Access and review all medical records (unless the parent is the subject of a criminal investigation for harm to a child).
- Opt out of HIV/Aids education for their child.
- Opt out of any portion of the school district's comprehensive health and sex education.
- Reject medical treatment for a child unless the state can prove the child's own welfare would be best served by such treatment.
- Exempt a student from required immunizations.
- Create a list of people, by priority, who may consent to the medical care or treatment of a minor when a parent or legal guardian can't be reached.

For questions or additional information, please contact Coordinated Student Health Services Department at 754-321-1575.

VSW/ALH/MB:etb  
Attachment

c: Senior Leadership Team

## PARENT/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

- This consent will remain in effect until your child transfers to another school district, graduates or you indicate in writing that you wish to rescind this consent for school health services.
- When necessary, emergency health services such as first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) will be performed until emergency medical services arrive on campus.
- Separate parent/guardian authorizations will be required for the school clinic staff or school staff to administer daily or as-needed prescribed or over-the-counter medications, conduct medical procedures or provide medical treatment.

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL CLINIC IF YOU CONSENT AND WISH FOR YOUR CHILD TO RECEIVE ANY OF THE SCHOOL HEALTH SERVICES LISTED BELOW.**

Print all information using an ink pen

### Student Information

				Male <input type="checkbox"/>
First Name	Middle Name	Last Name	Student Birth Date	Female <input type="checkbox"/>
Street Address		Apartment Number	City	State
				Zip Code

### Parent/Guardian Information

First Name	Middle Name	Last Name	Relationship to Student (parent or guardian)
Street Address		Apartment Number	City
			State
			Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	

**Indicate which services you give consent and would like your child to receive at school with an "x" in the check boxes.**

Care and treatment for illness and injury	<input type="checkbox"/>
Vision screening	<input type="checkbox"/>
Hearing screening	<input type="checkbox"/>
Scoliosis screening	<input type="checkbox"/>
Growth and development screening (body mass index)	<input type="checkbox"/>
Dental screening and dental sealants	<input type="checkbox"/>
COVID-19 testing	<input type="checkbox"/>

\_\_\_\_\_  
Parent/Guardian (PRINT)

\_\_\_\_\_  
Parent/Guardian (SIGNATURE)

\_\_\_\_\_  
Date