

PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES 2023-2024

Student Name: _____

School: _____

Teacher: _____

Grade: _____

WHAT IS THE SCHOOL HEALTH SERVICES PLAN?

This School Health Services Program is designed to appraise, protect and promote the health of our students as well as provide preventive and emergency school-based health services in accordance with the School Health Services Plan for Monroe County.

ESSENTIAL School Health Services & Screenings

Florida Statute 381.0056 mandates regular health screening to public school students. The screenings include **vision (Kindergarten, 1st, 3rd and 6th grades), hearing (Kindergarten, 1st and 6th grades), height and weight Body Mass Index (BMI) (1st, 3rd and 6th grades), and scoliosis (6th grade only).**

_____ **Yes, I agree to all essential screenings**

_____ **No, I decline all essential screenings (Written notice needs to be provided to the school nurse or principal)**

_____ **Yes, to all except:**

Yes _____ No _____ School Health Services

Basic First Aid Services for minor injuries, accidents or illnesses.

Assist student with physician ordered medication administration (permission form required) and/or medical procedures.

Health education on specific health topics and approaches to wellness.

Health education for puberty in 5th grade requires active signed parent permission for participation.

Immunization and health examination reviews.**No vaccinations will be given without written parental consent. COVID-19 vaccines are not offered to students.**

The above consent statements will remain in effect until the parent/legal guardian submits a new School Health Services Consent form. The Health History form is still required for your child to be seen in the clinic.

ADDITIONAL School Health Services

The following health care services are also available through the District's health care partners, Please indicate your choice for each **optional** service.

Yes _____ No _____ Medical Care (by AHEC)

Medical care to include physicals, examinations, medications, and testing).

Active permission slip required to participate.

Yes _____ No _____ Dental Services

Low-cost evaluation and treatment provided by AHEC Dental Van.
Requires dental consent and forms.

Yes _____ No _____ Dental Sealant Program (2nd and 7th grade only)

Dental sealant program provided by AHEC/FL Department of Health to 2nd and 7th graders in public schools.
Active permission slip required to participate.

Yes _____ No _____ Vision Care Program

Eye exams and eyeglasses provided (if needed) by Florida Heiken Children’s Vision Program
Requires active consent and paperwork.

Yes _____ No _____ Resiliency Education (Grades 6-12 State mandated five hours of instruction)

Attending to mental health crisis- parent will be notified immediately for emergency evaluation.

Yes _____ No _____ School-Based Counseling

Counseling services provided by school social worker without consent.
Counseling services provided by school counselor without consent.
Guidance Care Center or other entities require parental consent.
Attending to mental health crisis- parent will be notified immediately for emergency evaluation.

Yes _____ No _____ Mentoring

Mentoring services provided by Keys to be the Change.

Yes _____ No _____ Surveys

Surveys by State Department of Education.
Surveys by State Department of Health.

Yes _____ No _____ Universal Screenings for Student Well-Being (Grades 5-12)

PRINT STUDENT’S FIRST & LAST NAME: _____

Date of Birth: _____

PRINT PARENT’S FIRST & LAST NAME: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

Date: _____