



Monroe County School District
241 Trumbo Road – Key West, Florida 33040 – 305-293-1400

PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES FORM

Updated for 2024-2025

Student Name: _____ School: _____

Grade: _____ DOB: _____

Part 1 – School Health Services

The School Health Services Program is designed to appraise, protect, and promote the health of our students. Additionally, it provides preventative and emergency school-based health services in accordance with the School Health Services Plan for Monroe County.

A. Essential School Health Screenings (School Clinic- School Nurse)

Florida Statute 381.0056 mandates regular health screening to public school students. The screenings include vision (grades K, 1, 3, and 6), hearing (grades K, 1, and 6), height and weight body mass index (grades 1, 3, and 6), and scoliosis (grade 6).

___ Yes, I agree to all essential screenings

___ No, I decline all essential screenings (provide written notice to the nurse or principal if the school does not have a clinic)

B. Essential School Health Services (School Clinic – School Nurse)

These services include the following: basic first aid for minor injuries, accidents, or illness; assisting student with physician ordered medication administration (separate permission form required) and/or medical procedures; health education on specific health topics and approaches to wellness; immunization and health examination reviews.

___ Yes, I agree to all essential services (A consent signature is also required on the [Health History/Emergency Contact Form](#))

___ No, I decline all essential services

C. Additional School Health Services (Health Care Partners)

These services are provided through the District's health care partners. These services each require an additional permission slip/consent form in order to participate.

Yes ___ No ___ Medical Care by [AHEC](#) (Includes physicals, examinations, medications, and testing)

Yes ___ No ___ Dental Services by [AHEC](#) (Low-cost evaluation and treatment)

Yes ___ No ___ [Dental Sealant Program](#) by AHEC/FL Department of Health (For grades 2 and 7)

Yes ___ No ___ Vision Care (Exams and glasses provided, if needed, by [Heiken Children's Vision Program](#))

Part 2 - School-Based Support for Resiliency, Well-Being and Behavior

School-based support for resiliency, well-being, and behavior involves individual and/or small group support to enhance behavior management, social and coping skills, emotional regulation, grief, and other barriers that impede academic success.

A. School-Based Counseling and Supports for Student Well-Being (School Counselor and/or School Social Worker)

Services are provided by school counselors and/or school social workers. Examples of services include small groups, referrals to community agencies, crisis support, Check In-Check Out, lunch bunches, evidence-based classroom interventions, and 1:1 sessions. Parents are contacted to discuss, plan, and consent to these supports before they begin. For more information please visit the district webpage for student support at <https://www.keysschools.com/Page/6726>.

Yes ____ No ____

B. Mentoring

This service is provided by Keys to be the Change (Lower Keys only). Parents are contacted to discuss, plan, and consent to this service before it begins. For more about Keys to Be the Change visit their website at <https://www.keystobethechange.com/>.

Yes ____ No ____

C. Universal Screenings for Student Well-Being (grades 5-12)

Student self-rated screenings are completed twice a year to assess areas such as growth mindset, social awareness, emotional regulation, grit, self-management, and supportive relationships. If a student is identified through the screening as someone who could potentially benefit from school-based counseling, parents are contacted and consent is required in order for these supports to begin. For more information about this screening and to see the questions asked, please visit the district website at: <https://www.keysschools.com/Page/7099>

Yes ____ No ____

Student Name: _____ Grade: _____ DOB: _____

Parent/Legal Guardian First and Last Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

By signing I understand that the above consent statements will remain in effect until the parent/legal guardian submits a new Parental Consent for School Health Services Form or the form is replaced by an updated version and sent home to parents by the district. Please look for this in the beginning of year packet sent home by your child's school.