RISE CHARTER SCHOOL

Policy 3500F: Blanket Consent Form for Health Care Services for Minor Children	**Status: 1st Reading**
Original Adopted Date: **Last Revised Date:** **Last Reviewed Date:**	**REQUIRED FORM**

Blanket Consent Form for Health Care Services for Minor Children

Providing blanket consent is optional and may, instead, be given on a case-by-case basis.

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

[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 Charter School'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 Charter School or by any private organizations and to provide notice of the School's policy on physical examinations and screening of students and to obtain parent/guardian consent for these services.

The Charter School 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 Charter School may also provide health care services without parent/guardian consent if School 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. School 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 School 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 **(Parents/guardians are responsible for providing the medication to the school office for administration. The school does not provide medication for students.)**		
Emergency care as described in Policy 3540		
Appropriate management of all health conditions with parental consent		
Any health services the Charter School 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.

_____

Student Name

_____ _____

Parent Signature Date

_____

Parent Name

Policy History:

Adopted on:

Revised on:

Reviewed on: