



PARENT/GUARDIAN WITHHOLD/DECLINE CONSENT FOR SCHOOL HEALTH SERVICES
School Year 2022-2023

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE SCHOOL NURSE IN ORDER TO WITHHOLD/DECLINE CONSENT FOR ANY SPECIFIC HEALTH SERVICE EACH SCHOOL YEAR

- In accordance with Florida House Bill 1557, Parental Rights in Education, each school district, at the beginning of the school year, must notify parents/guardians of each health care service offered at their child's school and provide parents the option to withhold consent or decline any specific service.
- Emergency health needs means onsite evaluation, management, and aid for illness or injury pending the student's return to the classroom or release to a parent, guardian, designated friend, law enforcement officer, or designated health care provider. There is not an option to withhold/decline consent for emergency health needs (F.S. 381.056; F.S. 768.13).
- Parental/Guardian written consent is required every school year for employees to administer prescribed medication, conduct medical procedures and/or medical treatment. Written consent is also required for The Healthy Student Program, vision and dental programs at participating schools, and specific health services i.e., school entry and sports physicals.

Print all information using ink

Student Information

First Name	Middle Name	Last Name	Student Birth Date	Gender
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
Home Phone Number	Work Phone Number	Cell Phone Number	Email Address
			Student ID Number

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Please indicate below which services you withhold/decline consent.	I withhold/decline the healthcare services marked below
Nurse Assessment	☐
Nutrition Assessment	☐
Health Counseling	☐
Referral and Follow-Up of Suspected and Confirmed Health Problems	☐

***Annual Health Screenings for Grades KG, 1st, 3rd, and 6th**

Parent/guardian of kindergarten, 1st, 3rd, and 6th grade students receive a separate written notification for scheduled health screenings from their school. At that time, parent/guardian will have the option to decline the state mandated health screening.

Parent/Guardian (PRINT)_____

Parent/Guardian (SIGNATURE)_____Date_____

STUDENT'S FIRST & LAST NAME PRINT: _____Date of Birth: _____

(Must be completed annually)