

Gulf County School Health School Parental Consent

Students Name _____ DOB _____ SS# _____
Address _____ Grade _____

FOR YOUR STUDENT'S SAFETY PLEASE LIST THREE EMERGENCY CONTACTS

Parent/Guardian _____ relationship _____ Phone _____
Contact # 1 _____ relationship _____ Phone _____
Contact # 2 _____ relationship _____ Phone _____

PLEASE PROVIDE IMPORTANT HEALTH INFORMATION

Allergies, food, drug, other (and type of reaction) _____

Health history _____ Physical defects _____
Medications _____
Comments _____

PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES

I give my consent for the above student to receive first aid for minor accidents, injury and illness, and to participate in screenings for vision, hearing, height, weight, dental and scoliosis, physical examinations, and health education. I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health service to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records. **In case of a severe or life threatening injury or illness, I request 911 services be initiated for my child and the school notify me as soon as possible.**

Name (please print) _____ Relationship _____
Parent or Legal Guardian

Signature _____ Date _____

Parental Consent for non-prescription medication

To assist the parents when their student is injured or ill, the Gulf County Health Department in partnership with the Gulf County School Board, have approved the use of acetaminophen (dose appropriate Tylenol for students 6 yrs and older), for treatment of minor pain, fever, cramps and muscular discomfort; Vaseline ointment for minor wound care and skin irritations; and ginger ale for minor indigestion. **I request the above products be made available to my child as needed. My child has no known allergies to the above products.**

Signature _____ Date _____