

PINELLAS COUNTY SCHOOLS
CONSENT FOR SCHOOL-BASED HEALTHCARE SERVICES

Per State statute, parental consent is required for the following healthcare services listed below. If you agree to allow your student to receive all or any of these services below if/when they are needed, please check the appropriate boxes in each section. Please complete one form for each student.

Emergency services will be provided to all students according to the standards found in the Florida Emergency Guidelines for Schools <https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html>.

As required by law, a new consent form is needed every school year.

Student Name: _____ Grade Level: _____

Healthcare Services: Please check the box below to consent to ALL school-based healthcare services.

I consent to ALL school-based healthcare services as listed below.

Or, if you do not consent to all, please check the boxes below to consent to the individual school-based healthcare services you want your student to receive if/when needed:

Illness Assessment

- Nursing assessment: ear/throat check, heart and lung assessment, blood pressure monitoring
- Head lice check
- Scabies check
- Skin check for rashes (exposed areas and limbs only)

Health Screenings (Parent/guardian will be provided a copy of all results)

- Vision screening (grades KG, 1, 3, and 6 only).
- Hearing screening (grades KG, 1, and 6 only).
- Height/Weight/BMI screening (grades 1, 3, and 6 only).
- Scoliosis screening (grade 6 only).
- Fitnessgram Assessment – (Aerobic Capacity, Muscular Strength and Endurance, Flexibility and Body Composition) assessed by P.E. teacher <https://fitnessgram.net/assessment/>.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian print name: _____ Phone: _____