

Gooding Jt. School District #231

STUDENTS

3500F

Notice of Health Services

Dear parent or guardian,

The purpose of this form is to provide notice of all health services offered or made available through the school by the District or by any private organizations .

The District may also provide health care services without parent/guardian consent if District staff reasonably determines that a medical emergency exists:

1. Furnishing the health care service is necessary to prevent death or imminent, irreparable physical injury; or
2. District staff can't contact the parent/guardian despite a reasonably diligent effort and the student's life or health would be seriously endangered by further delay in the furnishing of health care services.

The District 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 Decline Service or Exam	Initial to Indicate Permission for Health Service or Exam
Preventative health and wellness services (i.e. vision and hearing screenings, head lice checks.)		
Immunization clinics sponsored by South Central Public Health (additional consent forms are sent out for this optional service.)		
Administering or assisting of the administration of medication as described in Policy 3510		
Basic first aid for injuries (i.e. such as bandages, antibiotic cream, burn cream, ice packs.)		
Management of health conditions (i.e. diabetes, asthma, epilepsy. These will also require medical documentation/orders.)		

Counseling support for emotional/mental health needs impacting the students' education. Provider referrals when needed.		

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 school's absence of 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 school's absence of ability to reach me .

Student Name

Parent Signature

Date

Parent Name