

Consent for School Health Services

Powell County Board of Education

Consent for Health Services

I consent to care which may include assessments, treatment, first aid, over-the-counter medicine (with approved completed form), and any other health service given to my child/children by staff employed by the Powell County Board of Education. I understand that no guarantees are being made as to the effect of any treatment on my child. I authorize the school health clinic to release medical information about my child to his/her primary care provider. I understand this permission will remain in effect throughout my child's/children's enrollment in the Powell County Schools and can be revoked at any time by submitting written notice to the school.

I am granting permission for the following children enrolled in the Powell County Schools:

First Name	Middle Name	Last Name	High School	Middle School	Bowen Elem.	Clay City Elem.	Stanton Elem.
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____