

Snake River District #52

STUDENTS

3500F

Notice of Health Services

(This authorization is effective from the signature date and is applicable for all school days and events until authorization is revoked. Snake River School District will make every effort to contact parent/guardians.)

Dear parent or guardian,

The purpose of this form and the attached copy of the District's policy on Student Health/Physical Screenings/Examinations is to provide notice of all health services offered or made available through the school by the District or by any private organizations and to provide notice of the District's policy on physical examinations and screening of students and to obtain parent/guardian consent for these services.

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

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 Indicate Permission to Conduct the Health Service or Exam
Preventative health and wellness services and screenings as described in Policy 3500	
Administering or assisting of the administration of medication as described in Policy 3510	
First Aid and emergency care as described in Policy 3540	
Appropriate management of all health conditions with parental consent	
Any health services the District deems appropriate	

Parent Emergency Contact Information

Parent 1: Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Email Address: _____

Parent 2: Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Email Address: _____

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 the 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