

Lame Deer Public Schools, District 6  
Health Department Consent Form  
School Year 2009-2010



**STUDENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

Lame Deer Public School is requesting you to complete and sign this consent form in order to arrange for health services for your child, if necessary, while in attendance at Lame Deer Schools. This includes medical, dental, vision and hearing (emergency services when necessary). In the event of an emergency during school hours or during a practice session, all efforts will be made to contact a parent/guardian. If physician or school personnel are unable to make contact, the treatment necessary for the best interest of the student will be given.

\*\*There are also different screenings that we do throughout the school year. In the past it has been hard to get the proper consent for these screenings. We are including these in the packet this year to prevent delays in the future. The screenings will be conducted by the diabetic program and the public health nurses.

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**PART I – MEDICAL SERVICES**

- 1) School nurse or Office staff to administer over the counter medications (Tylenol, Dimetapp, cough syrup, etc.)
- 2) Emergency health care for accident or illness.
- 3) Transportation of student from the school for emergency services.
- 4) Healthcare including medical exam, routine laboratory and skin tests and X-Ray procedures.
- 5) Behavioral Health services including evaluation and treatment as necessary.

In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible.

\_\_\_\_\_ I hereby give consent for the above services.

\_\_\_\_\_ Exceptions or special instructions:

Please specify what kind of health problem that your child has and also the medication your child takes so that we can provide the proper medical attention your child needs.

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**Please Turn OVER and complete backside.**

**PART II – DENTAL**

\_\_\_\_\_ Dental care including dental examinations, sealants, and necessary emergency dental care.

**PART III – SCREENINGS & IMMUNIZATIONS**

**Please Circle the following that you want your child to participate in:**

- Diabetic Screenings ALL GRADES
- Blood glucose test for 4<sup>th</sup> and 5<sup>th</sup> grades
- Vision and Hearing Screening
- Update immunizations as required by state law
- Update Hepatitis A and B and Varicella shots.
- Current Immunization on File

**Comments:**

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**PART IV – MEDICAL INFO. & ALLERGIES**

Please circle any of the following that applies to your child:

- ADD/ADHD
- Diabetes
- Seizures
- Heart Problems
- Lung Problems
- Asthma
- Other \_\_\_\_\_

**Allergies:**

- Foods
- Chemicals
- Insects
- Perfumes
- Bees
- Other \_\_\_\_\_

**I hereby give consent for the above services.**

\_\_\_\_\_  
**Signature Parent/Guardian**

\_\_\_\_\_  
**Date**