## CONSENT FOR SCHOOL-BASED HEALTHCARE SERVICES

Orange County Public Schools 445 W. Amelia Street, Orlando FL 32801 407-317-3200

"The Orange County School Board is an equal opportunity agency"

Please read carefully and complete the following consent statement authorizing your minor child to receive school-based healthcare services.

I, hereby, give consent for my child\_\_\_\_\_\_

Date of Birth					
To receive the follow	ing services provide	d by the physician,	nurse practitioner,	or affiliates:	
	1. Comprehensive health history				
<ol> <li>Physical examination for school entry and sports participation, including inguinal hernia exam for males</li> </ol>					
	tion, diagnosis, testir	ng and treatment fo	or minor illnesses ar	nd iniuries	
Screening for selected health problems					
	5. Management of chronic illness				
	6. Periodic screening for wellness, anticipatory guidance, preventive testing and treatmen				
as outlined by Medicaid 7. Referral to specialists					
8. Preventive health education					
9. Counseling					
10. Administ	er medication				
Please list by numbe	er anv services vou <b>C</b>	OO NOT wish vour	child to receive		
<b>,</b>	, ,	, , , , , , , , , , , , , , , , , , ,			
I understand that the confidentiality of the patient's medical record is required by law, and the					
record will not be released to any person or entity without prior permission. I hereby release the providers of this service, their affiliates, directors, officers, employees, agents, successors and					
assigns from any and all liability arising from or in any way connected to my child receiving these services. My signature below authorizes medical treatment, billing of insurance, if any, and receipt					
of the notice of priva			,	., . <b>.</b> ,	
Danasti anal Consul					
Parent/Legal Guardia	arent/Legal GuardianWork Phone				
Address	ddress				
Medical Provider	Preferred Hospital				
Insurance: Yes					
Insurance Name:					
modranoo ramoi					
SIGNATURE	PEDATE				
Medical History					
Drug Allergies	Currer	nt Medication	Hospit	alizations	
Serious/Chronic Med	dical Conditions	Sur	geries	_ Other	
			<u> </u>		