

## Notice of and Consent for School Health-Related Services

In accordance with law, Great Hearts must provide parents with written notice of each school-based health-related service offered at the campus their child attends. These routine services promote student safety, wellness, and readiness to learn. The services may be provided by qualified school staff, including nurses and health aides. This consent does not take the place of an individualized health plan, 504 plan, or other legally required document.

A parent has the right to withhold consent for or decline any health-related service.

### Routine Health-Related Services Provided at Your Child's Campus:

Health-related services	Parent initial to opt out
First aid and injury evaluation	
Monitoring of chronic health conditions (e.g., asthma, diabetes)	
Support during illness or physical symptoms at school	
Vision, hearing, and scoliosis screenings	
Acanthosis screening	
Heat illness prevention and injury support for student athletes	
Lice screening	

You have the right to opt out and withhold consent of any of these services to your child, by submitting this form to your campus nurse. *We will assume consent is provided unless you opt out.*

(Please print.)

Student's name: \_\_\_\_\_

Current grade level: \_\_\_\_\_

Campus: \_\_\_\_\_

I do NOT consent to my child receiving routine school-based health-related services during the 2026-2027 at school. I understand that I will be contacted in emergencies or when health concerns arise.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Health care services such as medication administration, special procedures or medical treatment will not be provided unless given prior written consent in advance. Contact your campus nurse for appropriate forms.