



FAMILIES RIGHTS AND RESPONSIBILITIES ACT

CONSENT FORM

All Inclusive:

In accordance with the “Families’ Rights and Responsibilities Act”, Public Chapter No. 1061, for a student to receive health care services by a school nurse or other persons acting on behalf of the school system, a parent or guardian must provide written consent. My student has permission to see the school nurse or other persons acting on behalf of the school system for basic health services including assessment and treatment of illness (headache, abdominal pain, vomiting, fever, etc.), injury, and/or emergent care.

If you do not consent for your child to receive basic health care services, you will need to ensure you are able to arrive at the school within thirty (30) minutes of notification from the school for assessment and treatment of any illness or injuries of your child. If not, EMS may be called.

Counseling Only:

Because of Public Chapter No. 1061 passed by the Tennessee Legislature, STEWART County Schools, including Dover Elementary, North Stewart Elementary, Stewart County Middle, and Stewart County High, must obtain consent of the parent or guardian to render counseling services specified in TCA 63-22-122. This includes all the duties a school counselor typically performs as part of the normal functions of the school day. These services could include meeting with a school counselor for academic support, college and career readiness, and social and personal development. School counseling support may be delivered individually, in small groups, or in a classroom setting.

By signing this form, I consent to the above in its entirety and affirm I have authorization to consent on behalf of my student _____ who attends _____ School.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature (18 yrs. or older)

Date