Consent for School Health Services
Lee County Board of Education

Consent for Health Services

I consent to care which may include assessments, treatment, first aid, over-the-counter medicine (with approved completed form), and any other health service given to my child/children by staff employed by the Lee County Board of Education. I understand that no guarantees are being made as to the effect of any treatment on my child. I authorize the school health clinic to release medical information about my child to his/her primary care provider. I understand this permission will remain in effect throughout my child's/children's enrollment in the Lee County Schools and can be revoked at any time by submitting written notice to the school.

I am granting permission for the following children enrolled in the Lee County Schools:

First Name	Middle Name	Last Name	LCE	LCMHS
_____	_____	_____	☐	☐
_____	_____	_____	☐	☐
_____	_____	_____	☐	☐
_____	_____	_____	☐	☐
_____	_____	_____	☐	☐

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____