



### IMPORTANT! ACTION NEEDED!

Effective for the 2024-2025 school year, due to a new state law, in order for a Trenton Special School District student to be seen and/or treated by the school nurse or designated school employee for basic health services, parents/legal guardians must sign the consent form included on the back of this sheet and return it to the child's school as soon as possible.

By checking "YES" on the back of this page, you are allowing your child to be seen by the school nurse and treated for basic health care if necessary.

If you check "NO" your child cannot be sent to the school nurse for any basic health care. You will be contacted and asked to come to the school to evaluate and treat your own child for illness or minor injuries.

Visits to the school nurse for basic health care treatment may include but is not limited to the following:

- Removing splinters
- Cleaning and/or bandaging minor cuts scrapes, burns, rashes, or insect bites/stings
- Managing nosebleeds
- Providing rest and hydration for students feeling faint, dizzy or dehydrated
- Assisting students who have pulled teeth
- Checking nose, throat or ears for swelling/irritation
- Applying ice packs for minor bumps, bruises, or sprains to reduce swelling and pain
- Vomiting/stomach issues
- Headaches
- Abdominal pain/cramping
- Checking temperatures to determine if the student has a temperature that may warrant them to be sent home or allow them to stay at school

\*However, the Families' Rights and Responsibilities Act does not prohibit school staff from providing emergency care for your child in the event of an injury or serious health condition regardless of your decision.

Tim Haney  
Director of Schools  
Trenton Special School District



## IMPORTANT NOTICE - CONSENT REQUIRED FOR SCHOOL NURSE

Parent/Legal Guardian consent for treatment is now required for minor health care in school due to the passing of the "Families' Rights and Responsibilities Act" (Public Chapter No. 1061). This new state law requires schools to have permission before your child can be treated by the school nurse or other school employee for any unexpected illness or injury. As such, we need all parents/guardians to complete and return this form to provide consent.

Parent/Legal Guardian Consent for School Health Services

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

My child/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 nonemergency care.

\_\_\_\_\_ YES      \_\_\_\_\_ NO

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

Parent/Legal Guardian Name (please print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

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

The Families' Rights and Responsibilities Act does not prohibit school staff from providing emergency care. Schools in the Trenton Special School District are equipped with Automated External Defibrillators, Epinephrine and Naloxone for response to sudden cardiac arrest, anaphylaxis, and possible opioid overdose.

School Nurse Initials: \_\_\_\_\_ Date received and recorded: \_\_\_\_\_