



Consent to Treat

Pursuant to the Family Rights and Responsibilities Act, Tenn. Code Ann. § 63-1-173(c)(1), I am the parent/guardian of _____, date of birth _____, and I hereby give the school nursing staff of Hamilton County Schools permission to care for my child as follow:

- To render aid and to treat any non-emergency health conditions such as stomachache, headache, vomiting, cuts and abrasions, nose bleeds, etc.
- To render aid and to treat any emergency health conditions such as allergic reactions, serious wounds or injuries, etc.
- To follow medical orders received from treating physicians or other health care professionals.

I understand that, if I give consent, then I have the right to revoke consent at any time upon informing the school nursing staff in writing.

I also understand that, if I withhold or revoke consent, then I agree that I will come to school immediately to care for my child myself. I also understand that the school staff, in its discretion, may call 911 to deal with any emergency and that, if they do so, then I may be responsible for any charges.

_____ I GIVE permission to the nurse staff care for my child as above

_____ I DO NOT give permission to the nurse to care for my child as above

Name of parent/guardian

Date

Signature