



Please sign one form for each Metro Nashville Public Schools (MNPS) student in your household and return the form to each student's school or complete the online versions at permissions.mnps.org.

HEALTH SERVICES IN SCHOOL SETTING

Notice: Parent/guardian permission is required for health services performed in the school setting

Student's Name (please print): _____ **Student ID:** _____

School Name _____

Student's Date of Birth (Month/Day/Year): ____ / ____ / ____

Health Services in School setting

Pursuant to the requirements of T.C.A. § 63-1-173, students cannot receive non-emergent medical care absent parent consent. This may include, but is not limited to, cleaning and bandaging minor cuts or abrasions, providing an ice pack, or managing illnesses and or injuries that can occur during a school day. If consent is provided, it will remain in effect during the school year unless withdrawn in writing by the parent/guardian.

Do you give permission for your student to receive non-emergent health services in the school setting:

- Yes
- No*

*If no is selected, please ensure that your student understands they cannot go to the school nurse to receive treatment outside of an emergency. Parents will also be expected to ensure they are able to provide necessary treatment within 30 minutes of notification.

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Name (Print) _____ **Date** _____

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs/older) _____ **Date** _____