

Parent/Guardian Consent for Invasive Health Screening and School-Related Health Services

Health Screenings provide early detection and enable follow-up opportunities for sensory and physical issues that may hinder a student’s development and learning and are required by Florida law. Florida law requires you to consent to health screenings in writing. By signing the form and circling yes, you are indicating that you are giving consent for your child to participate in the Health Screenings.

We would like to utilize a computerized hearing assessment: **Otoacoustic Emissions (OAEs)** to screen your child. Soft tones and sounds are sent into the inner ear and a small computer measures the ear’s response to sound and will let us know how well the inner part of your child’s ear is working. During the OAE screening, a very small earpiece is placed in the outer part of the child’s ear. Since the earpiece is placed in your child’s ear, some may consider this to be an invasive procedure. Therefore, a separate consent form from the parent or guardian is required.

Please circle either yes or no below to provide consent for your child to participate in the Otoacoustic Emissions hearing screening.

Circle Yes or No		School Health Screening Activity
YES	NO	• OAE Hearing Screening

Please note that when necessary, emergency health services such as first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) will be performed until emergency medical services arrive on campus.

Please sign below and return to your child’s school.

Student Name (Last, First):	Student ID #	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>																				
Parent/ Guardian Name (Print):																						
Parent/Guardian Signature:																						
Date:																						