



School Year: 2024/2025

I do not want \_\_\_\_\_  
(Please Print) Last Name First Name Middle Initial Date  
of Birth

to receive health services from the school nurse clinic at my student's school. If my  
child is sick or  
injured, please contact me at this number \_\_\_\_\_. If I am  
unavailable, the  
emergency contact is \_\_\_\_\_ at \_\_\_\_\_.

Number Name

I understand that the inability for school officials to contact me in case of illness or  
injury, may result in  
my student being transported to a healthcare facility for emergency treatment.

Signature of Parent or Guardian \_\_\_\_\_ Date

\_\_\_\_\_