

**ST. PAUL LUTHERAN SCHOOL
CONSENT FOR HEALTH CARE SERVICES**

Name of Student _____ **Grade/Class** _____

Florida law prohibits certain licensed health care providers and practitioners from providing, soliciting, or arranging to provide health care services or prescribe medicinal drugs to children without first receiving written parental consent. As Parents of the Student named above, we want to ensure that our student receives healthcare services on a timely basis when at school and when participating in school-related activities on or off campus (such as field trips and athletics).

By signing below, we therefore consent to any of the following non-Church/School personnel providing or arranging to provide health care services or prescribe medicinal drugs to the student as may be appropriate to treat a medical situation (acute or minor) appropriate for the circumstances at school or at a school-related activity: a physician, nurse, paramedic/EMT, athletic trainer. We confirm that it is our desire that Student be furnished with such health care services as soon as reasonably possible after the need arises and hereby authorize, appoint, consent to, and empower St. Paul Lutheran Church and School, and its designee(s), to act in the stead of the parent and furnish such consent on our behalf when all reasonable attempts at contacting the parent have been attempted or when such care and/or treatment is absolutely necessary. We hereby further consent to all Church and School personnel, volunteers, and chaperones to render aid, supply health care services, call 911, and respond in any emergency as needed for Student. Our consent extends to, without limitation, the administration of allergy medications, Epi-Pens, over-the-counter medications, etc., according to the student’s prescription or instructions from a licensed practitioner, provision of first aid or minor medical care, use of AED and CPR. We also consent to the school’s student Administration or Pastor to meet with and counsel the student as necessary.

We hereby waive, release, discharge, and promise not to sue, St. Paul Evangelical Lutheran Church of Boca Raton, Florida, Inc. (St. Paul Lutheran Church and School), including all of its respective employees, volunteers, and chaperones from any and all claims, liabilities and costs (“Claims”) asserted by or on behalf of us, Student, or any of ours and Student’s legal representatives, heirs, successors and assigns within the scope of the consents above (which includes, without limitation, those Claims that arise from the Church/School providing consent on our behalf to a Health Care Professional, as well as those Claims that arise from the Health Care Professional, and all Church/School personnel, volunteers, and chaperones provision of health care services, emergency response and aid, and medicinal drugs (prescription and over-the-counter). We agree to reimburse the Church and School for any health care expenditures made on Student’s behalf.

I/We have executed this Consent for Health Care Services, effective 8/15/2024 through 5/30/2025.

By: _____
Parent/Guardian: Signature
Phone Number: _____

By: _____
Parent/Guardian: Print Name

By: _____
Parent/Guardian: Signature
Phone Number: _____

By: _____
Parent/Guardian: Print Name

Both parents must sign, please.