

GOOD SPIRIT SCHOOL DIVISION AND INTEGRATED HEALTH SERVICES CONSENT FORM

Purpose of Form

This consent form provides authorization for students to receive health services provided in partnership with educational institutions and health professionals. Services may include, but are not limited to: health assessments, mental health counseling, and health education. At times, the student may be referred to the clinic if further assessment is deemed necessary.

SECTION 1: STUDENT INFORMATION

Student Name: _____

Date of Birth (mm/dd/yyyy): ____ / ____ / ____

School Name: _____

Grade: _____

SECTION 2: CAREGIVER CONSENT (Required for children under 16)

Note:

- For **students under age 14**, a caregiver **must be present** during scheduled appointments.
- For **students under age 16**, a caregiver **must sign** this consent form.
- Students **aged 16 and over** may sign this consent form themselves. (Section 3)

I, the undersigned, as the **caregiver** of the above-named student:

- Give permission for my student to receive health services on school premises as deemed necessary and appropriate.
- Acknowledge that I must be present for all scheduled health appointments for student(s) under 14 years of age.
- Understand that I may revoke this consent at any time in writing.

Caregiver Name (Printed): _____

Relationship to Student: _____

Phone Number: _____

Signature of Caregiver: _____

Date (mm/dd/yyyy) : ____ / ____ / ____

SECTION 3: STUDENT CONSENT (For students aged 16 and over)

I, the undersigned, understand and consent to receive the health services described above. I acknowledge that I may revoke this consent at any time in writing.

Student Name (Printed): _____

Signature of Student: _____

Date (mm/dd/yyyy): ____ / ____ / ____