## BridgePrep Academy of Riverview

6309 S US Highway 301 Riverview, FL 33578 (813)405-1770 www.BridgePrepRiverview.com



Dr. Marvin D. Pitts
Principal
Mr. Augustine Gaddis
Vice Principal
Mrs. Pamela Barr
Assistant Principal
Mrs. Geri Lewis
Dean

## PARENT/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

- This consent will remain in effect until your child transfers to another school district, graduates or you indicate in writing that you wish to rescind this consent for school health services.
- When necessary, emergency health services such as, but not limited to, first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) will be performed until emergency medical services arrive on campus.
- Separate parent/guardian authorizations will be required for the school clinic staff or school staff to administer daily or as-needed prescribed or over-the-counter medications, conduct medical procedures or provide medical treatment.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL CLINIC IF YOU CONSENT AND WISH FOR YOUR CHILD TO RECEIVE ANY OF THE SCHOOL HEALTH SERVICES LISTED BELOW.

## Print all information using an ink pen

Student Name:		Age:	
Grade:	Teacher:		
Emergency Contact:		Phone number:	
Relationship to student:			
check boxes.	•	nd would like your child to receive at school v	
Care and treatment for illness and injury			
TT:			
Scoliosis Screening			
Growth and development screening (body mass index)			
Dental screening and dental sealants			
COVID-19 testing			
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Parent/Guardian (PRINT	")	Parent/Guardian (SIGNATURE)	Date

