

Josephinum Academy

Parental Consent Form for Nurse Practitioner Services

Student's Name: _____ Grade: _____

A partnership with Josephinum Academy, University of Illinois at Chicago – College of Nursing, and Erie Family Health Center has been established to assist students to meet the necessary State of Illinois health regulations as well as address other health and welfare concerns

I hereby agree to participate in the Josephinum Academy health program. This permission includes the authority to make decisions in the case of an emergency. I, as parent or legal guardian, hold Josephinum Academy harmless against any and all claims or other forms of liability, which may exist with respect to providing the following services.

My agreement includes the following:

- 1. Health Questions/Concerns:** My daughter may visit the Nurse Practitioner at Josephinum Academy if she has health questions or concerns.
- 2. Health Screening:** My daughter may participate in routine health screening.
- 3. Emergency Care:** When a condition requires immediate intervention (e.g., first aid, asthma attack, seizure, vomiting), I give permission for my daughter to be treated in the event that I am not available to be reached.
- 4. Health Risk Survey:** I want my daughter to be given the opportunity to participate in a Youth Risk Behavior Survey administered to grades 6-12 by Josephinum Academy. Participation in this survey is voluntary and student anonymity is assured. Also I understand that this survey is used to focus the school's health curriculum and programs.
- 5. Duration of Consent:** This consent applies for the years that my daughter attends Josephinum Academy. Should I change my decision regarding the above, I will notify the school as soon as possible in writing. I will also notify the school if I am no longer the legal guardian of this child.

Parent Signature..... Date