

**Parent Consent to Treatment**

~~Idaho now requires annual parental consent before non-life threatening medical services can be provided to minors. This includes band-aids, routine first aid, over the counter headache medications, screening services, etc.~~

~~I thereby CONSENT to the treatment and screening of our minor child by a McCall-Donnelly School District designated staff member while on or adjacent to any school grounds of the McCall-Donnelly School District, includes MDSD sanctioned activities, trips, or events.~~

**~~1) 1st Student Name Required\* (First, Last)~~**

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**~~2) 1st Student School Required\*~~**

**~~What school does your student attend?~~**

~~Donnelly Elementary School~~

~~Barbara R. Morgan Elementary School~~

~~Payette Lakes Middle School~~

~~Heartland High School~~

~~McCall-Donnelly High School~~

**~~3) 2nd Student Name (optional) (First, Last)~~**

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**~~4) 1st Student School Required\*~~**

**~~What school does your student attend?~~**

~~Donnelly Elementary School~~

~~Barbara R. Morgan Elementary School~~

~~Payette Lakes Middle School~~

~~Heartland High School~~

~~McCall-Donnelly High School~~

**~~5) 1st Student Name Required\* (First, Last)~~**

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**~~6) 1st Student School Required\*~~**

**~~What school does your student attend?~~**

~~Donnelly Elementary School~~

~~Barbara R. Morgan Elementary School~~

~~Payette Lakes Middle School~~

~~Heartland High School~~

~~McCall-Donnelly High School~~

**~~7) 1st Student Name Required\* (First, Last)~~**

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**~~8) 1st Student School Required\*~~**

**~~What school does your student attend?~~**

~~Donnelly Elementary School~~

~~Barbara R. Morgan Elementary School~~

~~Payette Lakes Middle School~~

~~Heartland High School~~

~~McCall-Donnelly High School~~

**~~9) Parent/Guardian Full Name Required\* (First, Last)~~**

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**~~10) Parent Email Address Required\* example: parent@gmail.com~~**

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**~~11) Parent/Guardian Signature Required\*~~**

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## **Consent to Treat**

In accordance with Idaho Code 32-1015, the McCall-Donnelly School District requires parent or guardian consent for health care services provided to students under the age of 18, except in emergency situations where consent cannot be obtained. In the school setting, health care services include:

- Treatment of minor injuries: Cuts, scrapes, bruises, and sprains.
- Management of minor illnesses: Headaches, stomachaches, colds, and fevers.
- First aid: Basic first aid for various minor health issues.

I hereby consent to the treatment and screening of my minor child by a designated staff member of the McCall-Donnelly School District while on or adjacent to any school grounds, including sanctioned activities, trips, and events. This consent is valid until revoked in writing by the parent or guardian. Please note, if consent to treat is not given, but your child experiences a life-threatening emergency, the McCall-Donnelly School District staff may administer emergency services (e.g., CPR, epinephrine for anaphylaxis, or naloxone for possible opioid overdose). This consent does not extend to the administration of vaccines, immunizations, or treatments related to sexual activity (e.g., STIs, pregnancy).

☐ I agree  
☐ I do not agree

## **Consent To Emergency Treatment**

This is to certify that I, parent or guardian of (Student Name), hereby grant permission for the adult supervisors of this activity to obtain medical care from any licensed physician, hospital or medical clinic for the student named herein at such time as either parent or guardian cannot be contacted in person or by phone. This authorization shall also include all activities, and we do hereby waive, release, absolve, indemnify, and agree to hold the activity sponsors, organizers, supervisors, and participants, for any claim arising out of injury to the student or accidents that may occur during the activity.

☐ I agree  
☐ I do not agree

### Policy History:

Adopted on: September 2024

Revised and Adopted on: October 2024

Revised and Adopted on: June 2025