Blanket Consent Form for Health Care Services for Minor

Providing blanket consent is optional and may, instead, be given on a case-by-case basis. Blanket consent may withdrawn by a parent/guardian at any time.

Idaho law recognizes the fundamental right of parents to make decisions regarding the care, custody and control of their children, including all medical decisions. Under Idaho Code §32-1015, no medical treatment, health care service, or medical intervention may be provided without the knowing and voluntary consent of a parent or legal guardian, except in true emergencies where the child faces death or serious bodily harm. This form provides advance, written parental consent for limited, routine, non-emergency medical care as described below.

Student/Minor Information	**Parent/Legal Guardian Information**
Full Name:	Name:
Date of Birth:	Relationship to Minor:
Address:	Phone Number:
City/State/Zip:	Email:
School:	
Grade:	

Scope of Consent: By signing this form, I, the parent/legal guardian of the above-named minor, provide knowing and voluntary consent for the following limited, routine, non-emergency medical services to be provided when the minor is participating in programs, activities, or events sponsored or supervised by the [name of school district].

I authorize the following:

A. Basic First Aid

- Cleaning and bandaging minor cuts, scrapes, or abrasions
- Application of ice packs
- Basic wound care

- Non-prescription ointments (e.g., antibiotic ointment)

B. Over-the-Counter (OTC) Medications (check each you approve)

□ Acetaminophen (Tylenol)
□ Ibuprofen (Advil/Motrin)
□ Antihistamines (e.g., Benadryl)
□ Antacids
□ Cough drops
□ Other:_____

C. Emergency Medical Care Authorization: (initial if authorization given)_____

In the event of a true medical emergency where immediate action is required to prevent death or serious bodily harm, I authorize staff to:

- Contact emergency medical services (EMS)
- Permit EMS or licensed medical providers to administer emergency treatment
- Transport my child to the nearest appropriate medical facility

I understand that Idaho Code §32-1015 allows emergency care without prior consent only when delay would endanger the child. This section confirms my consent for such emergency action.

D. Services NOT Authorized by this Consent: This blanket consent does NOT authorize:

- Vaccinations or immunizations
- Mental health counseling or therapy
- Reproductive health services
- Prescription medications (unless previously authorized pursuant to district policy 561 – administering medications)
- Any medical procedure beyond basic first aid and OTC medications (unless I have consent to emergency treatment as set forth in Section C above)
- Any service prohibited by Idaho Code §32-1015 without explicit, situation-specific parental consent.

Any such services require separate, written parental authorization.

E. Notification Requirement: The district will make reasonable efforts to contact me as soon as practicable when:

- My child receives emergency medical care
- My child receives OTC medication
- My child experiences injury beyond minor first aid

F. Insurance Information: (Optional but recommended). Parents/legal guardians are responsible for the costs of emergency medical treatment for their minor children. By providing your insurance information below, you consent to the district providing this information to EMS personnel if requested.

Insurance Provider:_____ Policy No.:_____
Primary Insured:_____

G. Duration of Consent: This consent is valid for:

- □ Current school year (dates:_____)
- □ A specific activity/event (describe:_____)
- □ Other duration:_____

I may revoke this consent at any time in writing.

H. Parent/Legal Guardian Acknowledgment: By signing below, I acknowledge and affirm:

- **I am the parent or legal guardian of the minor child named above.**
- **I have read and understand this consent form.**
- **I am providing knowing and voluntary consent as required by Idaho Code §32-1015.**
- **I understand that I retain the right to make all medical decisions for my child and may revoke this consent at any time.**

Signature

_____ Date:_____

Printed Name:_____

Secondary Parent/Guardian (Optional)

_____ Date:_____

Printed Name:_____

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LEGAL REFERENCE:

Idaho Code Sections

32-1015 – Parental Rights in Medical Decision-Making

ADOPTED: July 14, 2026

AMENDED: