

PARENTAL INFORMED CONSENT NOTICE (Composed By B. K. Eakman)

DATE

Mr./Ms. _____, Superintendent of Schools

Address

City, State Zip

Dear _____:

[In accordance with State statutes relating to parental involvement and consent], this letter serves to require prior written notification from the school concerning any intent to provide physical, mental health, or social services/counseling to my child. Similarly, the school must obtain my written consent prior to providing any of said services.

Except for emergency medical care involving sudden, traumatic physical injury or illness, and then only when I cannot be immediately located, I am hereby exempting my child from participation in any health care or social service programs/activities, whether provided directly by the school or through a connected resource/family/youth center. The requirement for my written consent extends to any non-emergency physical or mental examination/procedure and also to any effort to place pressure (such as referral by a school counselor to another agency) on my child for the purpose of circumventing my prerogatives of determining the manner and means of satisfying my child's health care needs. Activities by school staff or through school programs that encourage my child to bypass me will be met with legal action. Concerns by school staff relating to my child's immunizations, vision, hearing, eating habits, etc., are to be brought to me for my attention and assessment. School staff members are not to take it upon themselves to obtain a diagnosis or to provide treatment. Assessment and testing are to center on academic, knowledge-based factors.

The informed consent requirement therefore encompasses, but is not necessarily limited to, the following typical school services:

1. Nursing health assessments and/or school-based physical examinations.
2. Personality testing and school-based counseling related to physical or mental health.
3. Behavioral or physical screening and/or diagnostic instruments (i.e., emotional factors such as anger or peer relationships, so-called psycho-sexual indicators relating to sexual activity or orientation, chronic physical conditions such as anemia, diabetes, tuberculosis). This restriction applies to all "EPSDT" (Early and Periodic Screening, Diagnosis, and Treatment) services, which typically are provided via state funds.
4. Non-emergency first-aid services.
5. Lectures, presentations or school assemblies relating to sex and substance abuse.
6. Anger management, "self-esteem," and conflict resolution courses; group & family counseling

I appreciate the difficulty of the school's position in today's political and social climate, in which parents are presumed to be incapable of exercising good judgment in the areas of health, discipline, and the emotional well-being of their children. It is regrettable that a notice of this nature is necessary. I thank you in advance, therefore, for your cooperation in this matter. For our mutual protection in these difficult times, a copy of this letter is on file with my attorney.

Sincerely,

Mr./Mrs./Ms. _____

cc:

_____, County or State Board of Education

_____, Principal, _____ Elementary/Middle/High School

_____, Esq. (your private attorney or group attorney)