

**Disclaimer: This Notice of Non-Consent is not intended to provide legal advice and does not establish an attorney-client relationship. Should you have any questions, please contact a local attorney to assist you. Remove this Disclaimer before submitting the Notice of Non-Consent to your child's school.**

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### **Notice of Non-Consent to Healthcare**

I, [PARENT/GUARDIAN NAME & ADDRESS], hereby notify [NAME OF SCHOOL and NAME OF SCHOOL DISTRICT] of my non-consent to healthcare for my child [CHILD'S FULL NAME AND DATE OF BIRTH], as described below.

**1. Definitions:**

- ["NAME of SCHOOL DISTRICT"] means [NAME OF SCHOOL and NAME OF SCHOOL DISTRICT], any employee, agent, or contractor of [NAME OF SCHOOL and NAME OF SCHOOL DISTRICT], and any other individual or entity that provides healthcare to students within [NAME OF SCHOOL DISTRICT].
- "Healthcare" includes any and all of the following:
  - Assessments related to physical, psychological, behavioral or social-emotional health;
  - Primary care;
  - Sexual and reproductive care;
  - Vaccination;
  - Eye care;
  - Dental care;
  - Prescriptions and labwork; and
  - Mental and behavioral-health care, including substance-abuse and all other forms of counseling and intervention.

**2. Notice of non-consent to any healthcare except first-aid and emergency treatment:** I do not authorize [NAME OF SCHOOL DISTRICT] to provide any healthcare – including but not limited to all healthcare identified in paragraph 1, above to my child [NAME AND DOB OF CHILD], except medically-necessary first-aid and emergency care.

**3. Written notification:** To the extent that [NAME OF SCHOOL AND SCHOOL DISTRICT] relies on a mature minor consent law or other law purportedly allowing [NAME OF SCHOOL AND SCHOOL DISTRICT] to provide my child with any type of healthcare despite my lack of consent, I demand that [NAME OF SCHOOL DISTRICT] provide me with advance written notice of such care, including:

- A citation to the statute or other law that purportedly authorizes such healthcare despite my lack of consent;
- The name and contact information of the provider;
- The date of the anticipated healthcare; and
- The type of care to be provided.

**4. Distribution and Retention of Notice:** To ensure full protection of parental rights, the right of informed consent, and other rights protected by law, I request that you distribute this Notice of Non-Consent to all teachers, medical providers, and other personnel who may be involved with providing healthcare to students at [NAME OF SCHOOL], and that you retain copies of this Notice in any paper and electronic files maintained for my child, including but not limited to medical and school files.

**5. Retention of Rights to Other Legal Action:** Should [NAME OF SCHOOL AND SCHOOL DISTRICT] provide healthcare beyond medically necessary first aid and emergency treatment to my child without my

consent, I reserve the right to take any and all legal action against it and any individual employee, agent, or contractor of [NAME OF SCHOOL AND SCHOOL DISTRICT] who provided such care.

Signed:

Date: