

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.

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 – 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 except medically necessary first aid or 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: