

**HEALTH NETWORK FOR RURAL SCHOOLS  
SCHOOL HEALTH CENTER**

TEMPORARY TELEPHONE PARENTAL/GUARDIAN CONSENT

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PATIENT/STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: (circle) COVE ELGIN IMBLER NORTH POWDER UNION

PARENT/GUARDIAN: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PERMISSION TO PERFORM THE FOLLOWING WAS GIVEN:

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CONSENT FORM GIVEN TO STUDENT TO TAKE HOME? \_\_\_\_ YES \_\_\_\_ NO

HNRS STAFF SIGNATURE: \_\_\_\_\_