



Parental Consent is required by Arkansas law for contraceptive services which include but are not limited to contraceptives, STD testing, education, and physical exams to be performed at a school based health clinic. I give my consent for my child to receive contraceptive services provided by Ouachita Valley Family Clinic providers at Cardinal Care- Camden Fairview School Based Health Center.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_