**Annual Health Services Notification and Parental Consent Form**

**2025/2026 School Year**

Dear Parent/Guardian:

In compliance with Texas Senate Bill 12, our district must inform parents about all health-related services provided to students during the school year and obtain parental consent before providing these services.

**Section 1: Student Information**

● Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Health Services Provided by the District**

The following health-related services may be provided to students at our campuses during the school year:

● Routine health screenings and nursing assessments (vision, hearing, spinal, growth

assessments, and evaluation of student health concerns)

● First aid, emergency care, and medical response (minor injuries and illnesses, wound

care, allergic reactions, asthma care, and emergency treatment until EMS arrival)

● Administration of medications (prescription/non-prescription; separate authorization required)

● Management of chronic health conditions (such as diabetes, asthma, seizures, allergies)

● Health counseling and education (nutrition, hygiene, disease prevention, general wellness)

**Section 3: Parental Consent or Declination**

Please select ONE of the following options:

⬜ I CONSENT to ALL health-related services in Section 2 provided by the school district this school year.

⬜ I CONSENT to all health-related services EXCEPT the services listed below:

(Clearly list below any services for which you withhold consent.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Consent for administration of medications (prescription/non-prescription) must be completed separately on the Medication Authorization Form.**

**Section 4: Parental Rights and Responsibilities**

I understand:

● I may revoke consent for any service at any time in writing.

● It is my responsibility to update the school nurse promptly with any changes in my child’s health or emergency contact information.

● If I decline consent, my child will not receive the indicated services except in cases of immediate, life-threatening emergencies.

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_