



JACKSON COUNTY PUBLIC SCHOOLS AVAILABLE HEALTHCARE SERVICES

These services are available in Jackson County Public Schools that do not require prior consent from parent/guardian:

Type of Service	Services Provided
Dental	<ul style="list-style-type: none"> Screenings
General Health	<ul style="list-style-type: none"> Health class screenings such as height, weight, BMI Guest speakers on health & mental health
Nursing	<ul style="list-style-type: none"> Student office visits with a complaint, which can include assessment, salt water rinse and gargle, removal of splinters that are not embedded, ice packs, warm compresses, bandaids, and self-care station including vaseline, lotion, bandaids
Nursing	<ul style="list-style-type: none"> Medical care as described in an Individual Health Plan
Nursing	<ul style="list-style-type: none"> Crisis first aid intervention in cases of emergency
Student Support Services	<ul style="list-style-type: none"> Mental Health team providing crisis support and suicide screening
Student Support Services	<ul style="list-style-type: none"> School Counselors providing academic and career counseling, crisis support, short-term solution focused counseling, and suicide screening
Student Support Services	<ul style="list-style-type: none"> School Psychologists providing behavioral interventions
Student Support Services	<ul style="list-style-type: none"> School Social Workers providing attendance counseling and support, crisis support, short-term solution focused counseling and suicide screening
Vision	<ul style="list-style-type: none"> Screenings in grades 1st, 3rd, 5th, 7th, 9th and 11th

The following are services provided by Jackson County Schools for which prior consent is obtained from parent/guardian:

Type of Service	Verbal or written consent	Services Provided
Hearing	Written consent	<ul style="list-style-type: none"> Screenings of identified students
Intensive Needs Classroom	Written consent	<ul style="list-style-type: none"> General medical care as described in students' Individual Health Plan (ie. feeding tubes, toileting, diabetes care, etc.)
Nursing	Written consent	<ul style="list-style-type: none"> Medication administration
Occupational Therapy	Written consent	<ul style="list-style-type: none"> Testing and services for students in the IEP process or in the Exceptional Children's program

Physical Therapy	Written consent	<ul style="list-style-type: none"> • Testing and services for students in the IEP process or in the Exceptional Children's program
Speech	Written consent	<ul style="list-style-type: none"> • Screenings of identified students • Testing and services for students in the IEP process or in the Exceptional Children's program
Student Support Services	Written consent	<ul style="list-style-type: none"> • Mental Health team providing primary outpatient therapy services, secondary outpatient therapy services, and case management services
Student Support Services	Verbal consent	<ul style="list-style-type: none"> • School Counselors providing small group counseling and wellness screenings
Student Support Services	Written consent	<ul style="list-style-type: none"> • School Psychologists providing psychological and academic testing, counseling support
Student Support Services	Verbal consent	<ul style="list-style-type: none"> • School Social Workers providing small group counseling and wellness screenings
Vision	Written consent	<ul style="list-style-type: none"> • Screenings of identified students • Students referred through the tier process for an IEP or receiving services through the Exceptional Children's program

The following services that can be provided on some school campuses by an outside agency or provider and require verbal or written consent from parent/guardian prior to providing services:

Provider	Verbal or written consent	Services Provided
Analenisgi Child & Family Services	Written consent	<ul style="list-style-type: none"> • Outpatient Mental Health and Substance Use services • Intensive In-Home services
Appalachian Community Services	Written consent	<ul style="list-style-type: none"> • Mobile Crisis • Outpatient MH and SU services • IIH services • Medication management via telehealth
Blue Ridge Community Health Services	Written consent	<ul style="list-style-type: none"> • School-based Mental Health and Substance Use outpatient services • Medication management • Medical care via clinic if onsite or telehealth • Threat, Suicide, or Risk Assessments

Center for Domestic Peace	Written consent	<ul style="list-style-type: none"> • Healthy relationships education
HIGHTS: Helping Inspire Gifts of Hope, Trust and Service	Written consent	<ul style="list-style-type: none"> • Outpatient Mental Health and Substance Use services • Inside-Out Program • COMPASS Afterschool Program • Substance Use assessments • Threat, Suicide, or Risk Assessments
Jackson County Health Department	Written consent	<ul style="list-style-type: none"> • Health education and screeners
Mental Health/ Private Practice Providers	Written consent	<ul style="list-style-type: none"> • Outpatient Mental Health and Substance Use services, varies per provider
Smiles Program	Written consent	<ul style="list-style-type: none"> • Mobile Dentist
UNIDXS	Written consent	<ul style="list-style-type: none"> • Immigrant outreach • Small groups
WCU Internships	Written consent	<ul style="list-style-type: none"> • School mental health services • School psychology services
Youth Villages	Written consent	<ul style="list-style-type: none"> • LifeSet Coach • Intercept • MST
30th Judicial District Alliance	Written consent	<ul style="list-style-type: none"> • Outpatient Mental Health services • Immigrant outreach • Small groups

If you are interested in learning more about any of these available services, or how to provide consent for your student to participate, or if you would like to “opt out” of any provided service, please contact your school’s Student Support Team. Similarly, if school personnel believe that your student would benefit from any of the above listed services that require consent, you will be contacted so that you can provide consent for your student to participate.