



## HEALTH SERVICES

Midland Independent School District  
615 W. Missouri Ave., Midland, TX 79701  
432-240-1000 • midlandisd.net

Dear Parents or Guardians,

Midland ISD wants to share a health and safety training opportunity that is available to students in grades 7-12.

Texas House Bill 496 Sec. 38.030 requires school districts to implement a Traumatic Injury Response Protocol in the event of a traumatic injury involving blood loss. The bill requires bleeding control kits to be stored in easily accessible areas throughout the district, with training provided to employees. Additionally, the bill also asks districts to offer **optional** training to students in grades 7-12 to empower students to take an active role in their medical safety.

“Stop the Bleed” training, developed by The American College of Surgeons (ACS), is offered in two parts for students: 1) an online course with a quiz which is then followed by 2) a hands-on course students will take at their school.

If your student is interested in completing the training, you will need to sign the attached permission form. Their next step is to complete the online course at: <https://www.stopthebleed.org/training/online-course>.

Your student will then turn in the attached parental consent form and a copy of the email showing they passed the quiz to their school nurse to complete the hands-on course. The student will make arrangements to complete the hands-on portion of the training which includes tourniquet application, holding pressure, and wound packing.

“Stop the Bleed” training is a valuable tool that can be used anywhere severe injuries occur. More information can be found at [stopthebleed.org](https://www.stopthebleed.org). Please feel free to review the training at the link above or contact your campus school nurse if you have any questions.

Sincerely,

Midland ISD Health Services



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Parents or Guardians,

**Please sign and date this form if you give Midland ISD permission to train your child in "Stop the Bleed" training.**

*\*\*\* You do not need to return this form if you DO NOT give Midland ISD permission to teach your child "Stop the Bleed" training. \*\*\**

STUDENT NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

Online Course Completion Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

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

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

**Return this permission slip to your school nurse after completing the online course.**

Sincerely,  
Midland ISD Health Services

