Parental Consent for School Health-Related Services

The 89th Texas Legislature passed Senate Bill 12, which requires school districts to obtain written permission from a parent/guardian before providing health-related services to that individual's child. A school district can only provide *life-saving care* without written consent. To provide all other health-related services the child's parent/guardian must check "YES" below and sign this document.

School health-related services are most often provided by the school nurse. However, additional school staff may also provide first-aid and care of ill or injured students. These school staff members include, but are not limited to, teachers, athletic trainers, administrators, counselors, clinic assistants and other staff who supervise children.

Health-related services in the school setting may include, but are not limited to:

- General First Aid
- Checks of temperature, blood pressure, and pulse
- Listening to breathing or heart sounds
- Examination of pupil responsiveness
- Administration of prescription and/or over the counter medication
- Vision and Hearing Screening
- Spinal Screening
- Health education
- Bullying and harassment prevention
- Diabetes education
- Concussion and cardiac emergency protocols
- Seizure and traumatic injury response

This Consent ***DOES NOT AUTHORIZE***:

- Invasive screenings or procedures
- Collection or sharing of biometric identifiers
- Preventative health care such as laboratory draws, swabs, or vaccine administration

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Permission

This permission form is effective immediately or upon enrollment/first day of school and remains in effect for the 2025-2026 school year. The law requires school districts obtain this consent from the parent/guardian annually. Permission can be revoked/granted by the parent/guardian at any time. A change in permission must be provided in writing, signed by the parent/guardian, and is effective immediately upon receipt.

Student Name: _____ Student ID Number: _____

Campus: _____

_____ Yes, I give written permission for my child to receive health-related services.

_____ No, I do not want my child to receive health-related services.

Parent/Guardian Signature: _____ Date: _____
