



## CUERO INDEPENDENT SCHOOL DISTRICT

960 East Broadway  
Cuero, Texas 77954  
Phone (361) 275-1914  
FAX (361) 275-2981

### 2025-2026 Cuero ISD Health Services Parent/Guardian Consent

The 89th Texas Legislature recently 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. Only life-saving care can be given at school without the written consent provided in this document by the child's parent/guardian. 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. This would include teachers, athletic trainers, administrators, counselors, and clinic assistants including substitutes or other staff charged with supervising children.

#### Health-related services in the school setting may include:

- General First Aid
- Nursing Assessment and/or care of symptoms of illness or injury while at school. The following are examples and not all inclusive: Temperature check, Assessing pulse, Measuring blood pressure, Listening to breathing or heart sounds, Examining pupil responsiveness

#### Medication Administration:

Health-related services may include medication administration and/or special health procedures only if additional The 89th Texas Legislature recently 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. Only life-saving care can be given at school without the written consent provided in this document by the child's parent/guardian. 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. This would include teachers, athletic trainers, administrators, counselors, clinic assistants or other staff charged with supervising children.

Please see Health Services guidelines at Medicine at School in the student handbook.

- Prescription and/or Over the Counter Medication may be administered by the school nurse or school staff only if the parent/guardian checks in the medication, in its original container or prescription bottle, and completes a medication permission form. The clinic cannot exceed the dosage amount on the official packaging of the medication.
- School health-related services may include other medical procedures or treatments for chronic health conditions that require a physician's order that the parent/guardian has provided to the school nurse.
- **Other health-related services in the school setting include Texas Department of State Health Services (TDSHS) routine screenings in certain grade levels. (See Screenings in the student handbook).**
- Vision – screening may be completed via a wall chart or a photo-screener dependent upon the age and ability of the child.
  - Hearing
  - Spinal Screening
  - Acanthosis Nigricans- Assessment for Type 2 Diabetes discoloration on neck and fingers



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### Health-related Information Confidentiality (Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA)

- Health-related information will only be shared with the child's parent/guardian.
- Health information regarding a life-threatening health condition provided by the parent/guardian may be shared for the health and safety of the child with appropriate staff members or those who have a direct role in the child's care during the school day.
- According to the Texas Department of State Health Services, communicable disease information required to be shared with the regional health department will be provided. A full list of Texas Notifiable Conditions can be found at

[www.dshs.texas.gov/sites/default/files/IDCU/investigation/Reporting-forms/notifiable-conditions-2025-bw.pdf](http://www.dshs.texas.gov/sites/default/files/IDCU/investigation/Reporting-forms/notifiable-conditions-2025-bw.pdf)

### 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
- Medical information or advice on social transitioning Parental Consent for School Health-Related Services

### Permission

This permission form becomes effective immediately or upon enrollment/first day of school and remains in effect for the 2025-2026 school year. The law requires school districts to obtain permission 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: \_\_\_\_\_

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. I understand that I will be called to pick up my student if he/she complains of feeling unwell or is injured at school.

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

Date Received by the school district: \_\_\_\_\_