BARBERS HILL
Independent School District

Parent/Guardian Consent for School Health Services

Effective for the 2025–2026 School Year

Student & School Information

Student Name: _____ **Student Number:** _____

Campus: _____ **Grade:** _____ **DOB:** _____

Purpose

In accordance with law, the District must provide parents with written notice of each school-based health-related service offered at the campus. These routine services promote student safety, wellness, and readiness to learn. The services may be provided by qualified school staff, nurses and athletic trainers. This consent does not take the place of an individualized health plan, 504 plan, or other legally required document.

Services may include:

- First aid
- Nurse assessment
- Vision and hearing screenings (by the nurse or Service League)
- Health Screenings (scoliosis, acanthosis, dental, and lice)
- Personal hygiene
- Nursing education
- Administration of medication according to district guidelines and with separate parental consent
- Monitoring of health conditions (e.g., allergies, asthma, diabetes, seizures)
- Support during illness with physical and emotional symptoms
- Coordination and collaboration of health services

Opt-Out

- Parents may decline or revoke consent for health services at any time with written notice.
- Parents cannot opt out of emergency responses, threat assessments, or other legally required actions.

Consent Election (Choose One)

☐ **YES** – I consent to Barbers Hill ISD providing school health services to my child.
☐ **NO** – I do not consent to Barbers Hill ISD providing school health services to my child.

Parent/Guardian Name (print): _____

Signature: _____ **Date:** _____