

## Notice of and Consent for School Health-Related Services

This form must be signed and returned to the WEST RUSK ISD HEALTH CLINIC. Consent given through this form is effective during the current school year unless revoked earlier.

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

### Routine Health-Related Services Provided at Your Child's Campus:

- Health education for students and guardians
- First aid, injury evaluation, acute care of illness
- Monitoring and management of chronic health conditions (e.g., asthma, diabetes, epilepsy, allergies)
- Vision, hearing, scoliosis, and acanthosis nigricans screenings
- Under the influence assessment
- Lice screening
- Mental health support, first aid care and crisis interventions, transfer of services to counseling department
- Support during illness or physical symptoms at school
- Coordination of health services, referrals to community services, addressing health barriers to learning
- Heat illness prevention and injury support for student athletes

Any additional health-related services that the campus may believe are necessary and appropriate will necessitate separate written consent and parental involvement, unless during an EMERGENCY or as allowed by law.

### CONSENT FOR ADMINISTRATION OF MEDICATIONS (PRESCRIPTION/OVER THE COUNTER) MUST BE COMPLETED SEPERATELY ON A MEDICATION AUTHORIZATION FORM.

#### Parent Consent for Health-Related Services: (please print)

Student name: \_\_\_\_\_

Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

- I consent to my child receiving routine school-based health-related services during the 2025–2026 school year. I understand this consent may be revoked at any time in writing.
- I do NOT consent to my child receiving routine school-based health-related services during the 2025-2026 school year. If I decline consent, my child will not receive health related services except in case of immediate, life threatening emergencies.

Parent's signature: \_\_\_\_\_

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

Additional information relating to student welfare, wellness, and health services can be found in the following board policies:

- FFA — Student Welfare: Wellness and Health Services
- FFAA — Wellness and Health Services: Physical Examinations
- FFAB — Wellness and Health Services: Immunizations
- FFAC — Wellness and Health Services: Medical Treatment
- FFAD — Wellness and Health Services: Communicable Diseases
- FFAE — Wellness and Health Services: School-Based Health Centers
- FFAF — Wellness and Health Services: Care Plans