SB 12 Annual Consent Form

This form must be signed and returned to the campus. Consent given through this form is effective during the current school year unless revoked earlier.

In accordance with law, the Sheldon ISD must provide parents with written notice of each school-based health-related and counseling 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, athletic trainers, and counselors. 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:

- First aid and injury evaluation
- Administration of over-the-counter medications in accordance with law (separate authorization form required)
- Administration of prescription medications in accordance with law (separate authorization form required)
- Monitoring and treatment of chronic health conditions (e.g., asthma, diabetes) per physician's orders
- Support during illness or physical symptoms at school
- Coordination of health services
- 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.

Forms, screeners, and other documents that are routinely used in the process of providing health-related services to your child may be found at https://www.sheldonisd.com/departments/student-services/sheldon-isd-nurses.

Routine Counseling Services

School counselors routinely provide the following services:

- Short-term individual counseling or check-ins
- Building skills related to managing emotions, establishing and maintaining positive relationships, and responsible decision-making;
- Substance abuse prevention and intervention;
- Suicide prevention, intervention, and postvention;
- Grief-informed and trauma-informed practices;
- Positive behavior interventions and supports;
- Positive youth development; and
- Social-emotional skill-building or group counseling

Parental Consent

A parent may opt out of mental health-related services annually, and consent may be revoked or reinstated at any time with written notice signed by the parent.

A parent may not opt out of the following:

1. School district emergency responses;
2. Law enforcement or Department of Family and Protective Services activities;
3. Behavioral threat assessment required by law; or
4. Other rights or duties required by law, including the Texas Family Code.

Under state law, before administering a student well-being questionnaire or health screening form to a student, the District will provide a copy of the questionnaire or form to the student's parent and obtain the parent's consent to administer the questionnaire or the form. To that end, forms, screeners, and other documents that are routinely used in the process of providing counseling services to your child may be found at sheldonisd.com/departments/counseling.

Should the District recommend additional mental health care or the completion of a form or questionnaire not attached, the form will be provided to the parent, and consent will be obtained before the form or services are provided to the student.

I acknowledge that Sheldon ISD has provided the required notice and opportunity to grant or deny consent regarding the District's mental and health-related services for students for this school year, as required by law.

(Please print.)

Student's name: _____

Current grade level: _____

Campus: _____

Parent Consent for Health-Related Services:

☐ 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. I understand that I will be contacted in emergencies or when health concerns arise.

Parent Consent for Counseling Services:

I give written permission for my child, identified above, to receive mental health-related services as described in this form and to complete any forms and questionnaires attached:

☐ Yes, I consent to the completion of all attached documents and to the District providing all routine mental-health related services.

☐ No, I do not consent to the completion of any of the attached documents, nor do I consent to the District providing any routine mental health-related services.

☐ I consent to some but not all of the routine mental health-related services. I consent to the following:

_____

Parent's signature: _____

Date: _____