

SB 12 Parental Consent for School Health Services

Senate Bill 12 Permission for School Health Services

Notice of and Consent for School Health-Related Services

This form must be signed and returned to **Lumberton ISD**. 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:

- First aid and injury evaluation
- Administration of over-the-counter medications in accordance with law
- Administration of prescription medications in accordance with law
- Monitoring of chronic health conditions (e.g., asthma, diabetes)
- Vision, hearing, and scoliosis screenings
- Under the influence assessment
- Lice screening
- 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.

If unsigned, the health services from your child's campus will remain available for their participation until otherwise noted or parental consent is revoked.

Student Name

Student ID#

Student Grade Level

Student Class

I 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.

*

☐ YES

☐ NO

I understand this consent may be revoked at any time in writing. *

☐ YES

☐ NO

Parent/ Guardian Name

Parent/ Guardian Email

Parent/ Guardian Phone

Information entered on this form will be visible to the post collaborators and ParentSquare admins

Signature

Date