Driscoll Independent School District
Driscoll Elementary and Middle School

P.O. Box 238 Driscoll, Texas 78351
(361)387-7349

Notice of and Parental Consent for School Health Related Services 2025-2026

Student Name:_____ DOB:_____ Grade:____

Overview of School Health Services
School health-related services are most often provided by the school nurse. However, additional school staff may also provide first aid and care for ill or injured students when necessary. This may include teachers, athletic trainers, administrators, counselors, or other staff members responsible for supervising children.

Health-related services provided at school may include, but are not limited to, the following:

- General First Aid
- Nursing Assessments and Symptom Management (e.g., illness or injury during school hours)
  - Temperature checks
  - Assessing pulse
  - Measuring blood pressure
  - Listening to breathing or heart sounds
  - Examining pupil responsiveness
  - Body mass index

Medication Administration and Special Health Procedures
Health-related services may include medication administration and/or special health procedures only if additional permissions are provided. Please see Health – Physical and Mental guidelines at Medicine at School (All Grade Levels) guidelines in the student handbook.

- Prescription and Over-the-Counter Medication may be administered only if:
  - The medication is checked in by a parent/guardian.
  - The medication is in its original container or prescription bottle.
  - A Medication Permission Form is completed and signed.
- Special health procedures or medical treatments (e.g., for chronic health conditions) may be provided only with:
  - A physician's order, and
  - Parental/guardian consent on file with the school nurse.

State Required Screenings
Other health-related services include routine Screenings Mandated by the Texas Department of State Health Services (TDSHS)

- Vision Screening
- Hearing Screening
- Type 2 Diabetes Risk Assessment
- Spinal Screening

Confidentiality of Health Information
In compliance with HIPAA and FERPA, student health information will be kept confidential and shared only with:

- The child's parent or guardian, and
- Appropriate school staff members involved in the care of the child, particularly in situations involving life-threatening conditions, to ensure the safety and well-being of the student.

Additionally, certain communicable disease information, as required by law, will be reported to the regional health department in accordance with the Texas Department of State Health Services (TDSHS). A complete list of reportable conditions is available on the TDSHS Notifiable Conditions webpage: https://www.dshs.texas.gov

This permission form becomes effective immediately or upon enrollment/first day of school and remains in effect for the 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.

Please note: If an Opt-Out Form is completed for your student, only life-saving care will be provided while at school. If your student reports feeling unwell or shows symptoms of illness, the parent/guardian will be called to pick up the student.

_____ **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 at school. Only life-saving care can be given at school without written consent.

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____
Please sign and date regardless of your selection above.