



Kennedale ISD Annual Consent Form for Routine Student Health Services
(SB 12 Compliance - Physical & Mental Health-Related Services)

Name

First Name

Last Name

Grade

Parent/Guardian Name

Phone/Email

As permitted by SB 12, we are requesting your annual consent for your child to receive routine school-based physical and mental health-related services from qualified school staff, including nurses, athletic trainers, counselors, and other health professionals.

This consent supports timely and equitable access to care that promotes student safety, wellness, and readiness to learn. Consent is valid for the entire school year unless you choose to revoke it in writing.

Examples of Routine Services That May Be Provided:

Physical Health Services (by school nurses or athletic trainers):
First aid and injury evaluation
Administration of over-the-counter medications per school policy
Monitoring of chronic health conditions (e.g., asthma, diabetes)
Vision, hearing, and scoliosis screenings
Support during illness or physical symptoms at school
Heat illness prevention and injury support for student athletes

What This Consent Does Not Include:

Formal medical or psychological diagnosis
Prescription medication administration without proper authorization
Ongoing therapy or treatment requiring parental notification under law

These activities would require separate written consent and parental involvement, unless in emergency or legally exempt circumstances.

Current Options (Select One) *

- I CONSENT to my child receiving routine school-based physical and mental health services during the 2025-2026 School Year. I understand this consent can be revoked at any time in writing.
- I do NOT consent to my child receiving routine physical and mental health services at school. I understand that I will be contacted in emergencies or when health concerns arise that require parental involvement.

Acknowledgments:

This form ensures compliance with SB 12 by documenting annual parental consent. I may contact school health or counseling staff with any questions.

My child's privacy will be protected in accordance with state and federal law.

I acknowledge that by typing my name below I am authorizing this to be used as my electronic signature *

I consent

Parent Name *

First Name

Last Name

Date *

 

Date

Submit