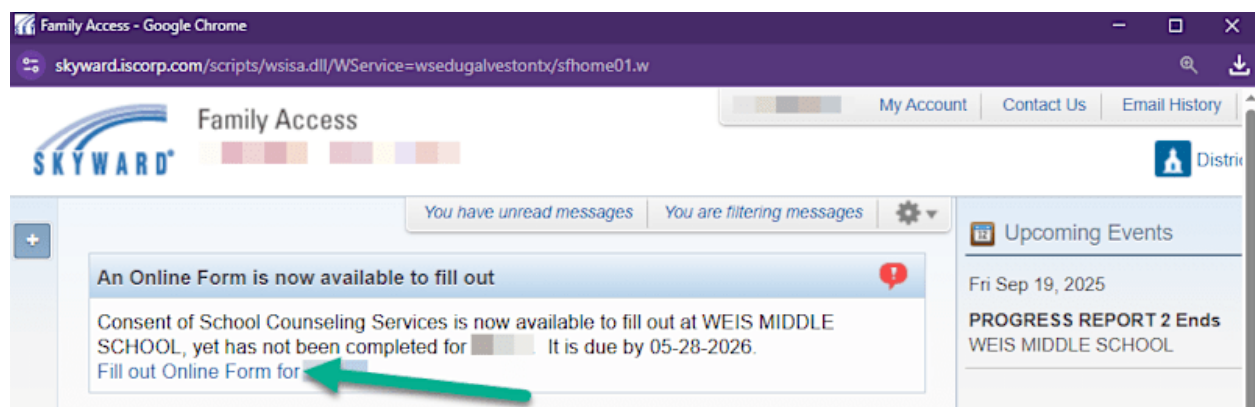
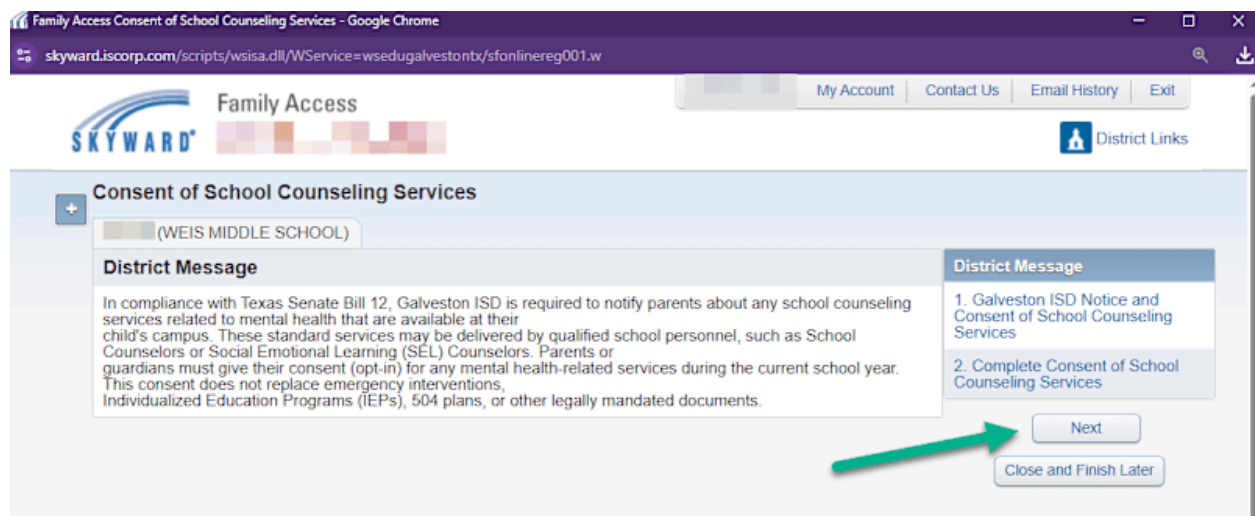


Step-by-Step Guide for Parents: Completing Consent of School Counseling and Student Services Forms

Step 1: Log In to Family Access



Step 2: Click Next to access the Consent of School Counseling Services Form



Step 3: Complete the Counseling Consent Form

Family Access Consent of School Counseling Services - Google Chrome
skyward.iscorp.com/scripts/wsisa.dll/WService=wseidgalvestonbx/sfonlinereg001.w

Suicide Risk Screener (Well-being Questionnaire):
Galveston ISD uses the Columbia-Suicide Severity Rating Scale (C-SSRS Elementary/C-SSRS Secondary) as self-harm. This well-being questionnaire assists school staff and parents in identifying and addressing a student's safety. Screenings are only conducted when a specific concern or warning sign is reported. Parents/guardians' results of the screening are kept confidential and shared with the parent/guardian once completed.

Revoking or Denying Consent to School Counseling Services:
I understand that by declining mental health-related counseling services, I am fully responsible for addressing this. This includes being available to provide support or arrange for pickup during school hours if necessary. Willingness to intervene in situations involving a mental health emergency. (Mental Health Emergency or Crisis is defined as a clear and immediate threat of harm to self or others)

Parent Consent for School Related Counseling Services
Galveston ISD counselors are committed to supporting the academic and personal growth of your child's guidance.

*Parent/Guardian Full Name:
*Relationship to Student:
*Phone Number: () -
*Email Address:

I, to my child receiving school counseling services as outlined in School Health listed in this document during the 2025-2026 school year.

I acknowledge that I am legally authorized to provide consent for this student and that my digital signature effect as my handwritten signature. I understand that I may revoke my consent at anytime in writing to my child's school.

Parent/Guardian Digital Signature: Date: 09/09/25

Complete Step 1 and move to Step 2

**Complete Step 1 and move to Step 2.
Click to Complete the Consent of Health Services Form.**

Family Access
SKYWARD

My Account | Contact Us | Email History | Report History | Exit

District Links

Consent of School Counseling and Health Services
(WEIS MIDDLE SCHOOL)

Step 2. Galveston ISD Notice and Consent of School Health Services (Required)
*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 replace emergency interventions, Individualized Education Programs (IEPs), 504 plans, or other legally mandated documents.

View Full Screen

Add
Edit
Delete

There are no records to display; check your filter settings.

Skyward
The form has not yet been completed.
Would you like to complete it now?
Yes No

Complete Step 2 and move to Step 3

District Message
1. Galveston ISD Notice and Consent of School Counseling Services
Completed 09/11/2025 4:35pm
2. Galveston ISD Notice and Consent of School Health Services
3. Complete Consent of School Counseling and Health Services

Previous Step | Next Step
Close and Finish Later

Complete Step 2 and move to Step 3.

Family Access Consent of School Counseling and Health Services - Google Chrome

skyward.iscorp.com/scripts/wsisa.dll/WService=wsedugalvestontx/sfonlinereg001.w

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

Parent Consent for Health-Related Services:
Student's: [REDACTED]
Current [REDACTED]
Campus: [REDACTED]

I **do consent (opt-in)** to my child receiving routine school-based health-related services during the 2025-2026 school year.

I understand this consent can be revoked at any time in writing.
If consent is not given, I, the parent/guardian, will be contacted in emergencies or when health concerns arise.

I acknowledge that I am legally authorized to provide consent for this student and that my digital signature carries the same validity and effect as my handwritten signature.

Parent Signature: [REDACTED]
Date: 09/12/25

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

[Complete Step 2 and move to Step 3](#)

Click submit both forms.

Family Access

My Account Contact Us Email History Report History Exit

District Links

Consent of School Counseling and Health Services

(WEIS MIDDLE SCHOOL) Print

Step 3. Complete Consent of School Counseling and Health Services (Required)

By completing Consent of School Counseling and Health Services, you are confirming that the Steps below have been finished.
Are you sure you want to complete Consent of School Counseling and Health Services for [REDACTED]?

Review Consent of School Counseling and Health Services Steps

Step 1) Galveston ISD Notice and Consent of School Counseling Services	Completed 09/11/2025 4:35pm
Step 2) Galveston ISD Notice and Consent of School Health Services	Completed 09/12/2025 12:26pm

Guardian Name: [REDACTED] Guardian Address: [REDACTED]

[Submit Consent of School Counseling and Health Services](#)

Previous Step Next Step

Close and Finish Later

District Message

- Galveston ISD Notice and Consent of School Counseling Services
✓ Completed 09/11/2025 4:35pm
- Galveston ISD Notice and Consent of School Health Services
✓ Completed 09/12/2025 12:26pm
- Complete Consent of School Counseling and Health Services

