

# Denison ISD Health Services

Denison, Texas 75020 903 / 462-7380 Fax 903 / 462-7419

## Opt Out and Modification for School Health-Related Services

Student's Name: \_\_\_\_\_  
Last First

Campus: \_\_\_\_\_ Current Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

The 89th Texas Legislature recently passed Senate Bill 12, which allows a parent to withhold consent for or decline any "health-related" service. We will assume consent is provided unless you opt-out by submitting this form to your child's campus. Health-care services require separate parent consent and physician's order. In the event of an emergency, Denison ISD staff will provide immediate care and notify the parent/guardian as soon as possible.

Opt-out services are listed below:

**I decline consent for the following services (check all that apply):**

☐ First aid care (e.g. wound care)

☐ Health screenings (e.g. Vision/Hearing)

\*\*\* Please be aware that if state-mandated screenings are declined, you must either provide a signed, written objection or submit screening results from a licensed healthcare professional.\*\*\*

☐ Wellness promotion or education (e.g. education on symptom management)

☐ Assessment and comfort care for short term illness, injury, or physical/emotional symptoms while at school (e.g. ice pack/water/rest)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

