



Dear Parent or Guardian,

Parents have the right to make decisions regarding the upbringing and control of their child. 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 and staff services related to school counseling. Parents must be given the opportunity to opt out before some services are provided to their child, and other services require the parent to opt in through signed written consent.

Consent for services will be considered effective until the end of the school year unless you provide a change of your consent decisions during the year.

Changes to Consent During the School Year

A parent may opt out of health-related services annually, and consent may be modified, revoked, or reinstated at any time with written notice signed by the parent and delivered to the student's campus principal.

Notice of Services

In accordance with law, the District must provide to the parent of each enrolled student written notice of each health-related service and health-care service offered at the campus the student attends.

The District routinely provides the following health-related services in accordance with requirements of the Education Code and other laws.

Opportunity to Withhold Consent for Health-Related Services

If you wish to opt out of any of the following services for your child, please select one of the options below.

Leave this section blank if you would like your student to continue to receive the following Health-related services. We will assume consent is provided for all health-related services unless you opt-out. You can update your decisions at any time.

Health-related services offered on your child's campus consist of the following.



HEALTH-RELATED SERVICES
First Aid and injury evaluation beyond general caretaking
Monitoring of chronic health conditions (e.g., asthma, diabetes)
Coordination of health services
Medical Equipment Use: such as wheelchair, splints, slings, nail clippers, blood pressure cuffs,
Physical Health Screenings: Vision, Hearing, and Scoliosis, Lice
Risk Assessment for Type 2 Diabetes
Under the Influence Assessment not required by law
Wellness Promotion and Education

_____ No, I **do not** consent for my child to receive any health-related services. (opt-out)

_____ I consent to some but not all of the health-related services. I **do not** consent to the following (*list health-related services you **do not** want provided to your child*):

Opt-out notification! Please be advised that if you choose to opt out of these services, and your child becomes ill or sustains a non-life threatening injury during the school day, the campus nurse, teacher or employee of the district will NOT be permitted to assess or provide care – except in cases of a life-threatening emergency, as defined by applicable law and district policy. In such cases, you will be contacted immediately and will be required to pick up your child from school without delay. A change in permission must be provided in writing, signed by a parent/guardian, and is effective upon receipt by the district.



Opt -In for Health-Care Services

A parent must opt in before their child may receive:

1. Psychological or psychiatric examinations or tests, and psychological or psychiatric examination or treatments, unless a specific exemption is provided by law;
2. Health-care services, except in the case of emergencies; and
3. The administration of a well-being questionnaire or health screening form to a student.

Health-care services offered on your child’s campus consist of the following.

HEALTH-CARE SERVICES
Medication Administration (requires doctors order)
Skilled Nursing Procedures such as feeding tubes, urine catheterization, wound care, diabetes management (requires doctors order)

Should the District recommend health-care or health-related services not specifically addressed in this form or the completion of a form or questionnaire not attached, separate consent will be obtained before the form or services are provided to the student.

_____ Yes, I consent for my child to receive all health-care services. (opt-in)

_____ No, I do not consent for my child to receive any health-care services. (opt-out)

_____ I consent to some but not all the health-care services. I consent to the following *(list health-care services you want provided to your child)*:



Parental Consent Not Required

Parental consent is not required for District personnel to inquire about a student's daily or general well-being or to provide general caretaking to students.

Parental consent is not required for the following:

1. Health-care services rendered by the District in an emergency;
2. Law enforcement or Department of Family and Protective Services activities;
3. Behavioral threat assessment required by law; or
4. Other rights or duties required by law, including the Texas Family Code.

Under Texas Family Code Section 32.004, a child may consent to counseling for themselves as it relates to suicide prevention; chemical addiction or dependency; or sexual, physical, or emotional abuse.

I acknowledge that Clint ISD has provided the required notice and opportunity to withhold consent for or opt out of the District's services for students for this school year, as required by law.

(Please print)

Student's name: _____

Current grade level: _____

Campus: _____

Parent's signature: _____

Date: _____

Additional information relating to student welfare, wellness, and health services can be found in the District's Student Handbook and 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