



**Consent for Routine Physical and or Medical Health-Related Services
2025-2026 School Year**

(Pursuant to Texas Education Code § 26.009(a)(4) & (a-3))

Student Name: _____ ID # _____
Campus _____ Grade _____

In accordance with the 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 a readiness to learn. The services may be provided by nurses, athletic trainers or other school personnel authorized to deliver.

Under Texas Education Code § 26.009 (a)(4) & (a-3), revised by Senate Bill 12, school districts must obtain parental consent before their student can receive services that are determined to be routine care, such as medication administration or basic care for physical or medical health-related services. Such consent can be obtained at the beginning of the year or at the time of enrollment. Obtained consent is effective until the end of the school year or until the parent/guardian revokes consent.

ROUTINE HEALTH-RELATED SERVICES PROVIDED AT YOUR CHILD’S NISD CAMPUS:

- First aid and injury evaluation
- Administration of over-the-counter medication in accordance with law
- Administration of prescription medications in accordance with law
- Monitoring of chronic health conditions (Ex. asthma, diabetes, seizures)
- Vision, hearing, scoliosis screenings
- Under the influence assessment
- Lice 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 the law.

By signing below, I:

- 1) Acknowledge that I have reviewed the above information.
- 2) Give consent for my child to receive services that are determined to be routine care, such as medication administration or basic medical care, provided by a person who is authorized to deliver routine care for physical or medical health-related services.
- 3) Understand that my consent is effective until the end of the school year.
- 4) Understand that if I wish to revoke consent before the end of the school year, I will notify my child's campus principal in writing.

____ I consent to my child receiving routine School-based health care services during the 2025-2026 School year.

____ I **DO NOT** consent to my child receiving school-based healthcare services during the 2025-2026 school year. I understand that I will be contacted in emergencies or when health concerns arise.

Student Name: _____

Name of Parent/Guardian (Printed) _____

Phone number : _____

Signature of Parent/Guardian : _____

Date : _____

Return form to your child's campus nurse