



**Notice and Parental Consent Regarding School Health Services**

As a parent or legal guardian, you have the primary authority to make decisions regarding the care, supervision, and upbringing of your child. Willis Independent School District seeks to partner with families by supporting students' academic success while also promoting their overall health and well-being to help them remain engaged and focused in school.

District staff are always expected to encourage students to communicate any health-related concerns with their parent(s) or guardian(s). School employees will also notify parents, as appropriate, regarding observations related to a student's physical, emotional, or mental health. Parents and guardians have the right to review their child's educational and health records at any time.

Willis ISD provides access to certain health-related and health-care services for students on campus. This notice is intended to inform you of the services that may be available, and **does not necessarily indicate that any specific service will be provided to your child.**

**Health-Related Services**

The following health-related services may be available on your child's campus. Please indicate with a check mark, by any service(s) you wish to **DECLINE**, meaning you do not want your child to receive the service at any time during the school year:

Health-Related Service	I DO NOT want my child to receive this service
First aid and injury assessment beyond routine care	<input type="checkbox"/>
Monitoring of chronic health conditions (such as asthma or diabetes, etc.)	<input type="checkbox"/>
State-mandated vision, hearing, and scoliosis screenings	<input type="checkbox"/>

You may opt out of any of the above services by submitting this form to your child's campus principal. **Consent will be presumed unless an opt-out is indicated.** You may revise your decision at any time during the school year.

**Health-Care Services Offered in the district include:**

Health-Care Service
Administration of medication with appropriate written permission form filled out by the parent/guardian and, when necessary, the physician
Medical procedures as prescribed and accompanied by the signed physician's order provided by the parent/guardian

Additional Consent will need to be signed at the time Medication or Physician orders for services are provided to the school nurse

Health-care services listed above will not be provided unless you choose to opt in by completing the required permission forms with the school nurse. Consent may be updated or withdrawn at any time. Unless otherwise revoked, consent will remain in effect through the end of the current school year.

Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_