



Mansfield ISD
HEALTH
SERVICES

Mansfield Independent School District

Parent Opt-Out of Health-Related Services Form

Student Information

Student Name: _____ Student ID: _____

Campus: _____ Grade: _____

The District shall seek appropriate emergency care for a student as required or deemed necessary.

A parent has the right to withhold consent for or decline any health-related service. Consent may be revoked by the parent/guardian at any time in writing. **If you DO NOT consent to routine health-related services, the parent will be contacted when a health concern arises with their child, and it is the parent's responsibility to provide care in a timely manner if their child has a non-emergency health need during the school day.**

Health Related Services Offered on All District Campuses

Initial any service you **DO NOT** want your child to receive.

☐ First aid and injury evaluation

☐ Support during illness or physical symptoms at school

☐ Health Screening: Vision, hearing, scoliosis, and Acanthosis

☐ Under the influence assessment

☐ Health Education: Hygiene, Illness prevention, Symptom management

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Received by the Nurse _____ Date: _____