



Health Services

432-240-1524 | www.midlandisd.net
615 W. Missouri Ave. Midland, Texas 79701

PARENTAL CONSENT FOR MEDICAL CARE IN SCHOOLS

Student Name _____ DOB _____

Grade _____ ID # _____ School Year _____

As a parent or guardian, you have the fundamental right to make decisions regarding the upbringing and control of your child. Our goal is to be a supportive partner in that effort, providing effective academic instruction to maximize student learning.

School personnel are always expected to encourage your child to discuss any issues related to their wellbeing with you. Furthermore, employees are expected to keep parents informed of observations related to their child's mental, emotional, or physical health.

According to the Texas Education Code, parents have the right to opt in or out for any health-related or health-care service provided by the school nurse, campus staff, or athletic trainers.

Listed below are the routine health-related services and health-care services provided by each campus your child attends. In a serious or life-threatening emergency, staff will always act to protect your child's safety and contact you immediately.

Health-Related Services Provided: Please indicate your consent to the following items.
(Select No if you do not want these services provided to your child).

Yes / No **First Aid/ Injury Evaluation:** Permission to perform injury assessments and administer basic care and first aid for injuries beyond general caretaking.

Yes / No **Treatments:** Permission to administer treatments such as but not limited to ice / heat application, salt water gargle, saline eye wash, vaseline, sting relief, antibiotic ointment, anti-itch cream, burn cream, aloe vera, peppermints.

Yes / No **Acute Care / Illness Assessment:** Permission to perform assessments and administer care for illnesses (such as but not limited to headaches, stomach aches, sore throats, fever, rashes).

Yes / No **Lice Screening:** Permission to perform lice checks based on assessment needs.



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State Mandated Screenings: (Vision, Hearing, Acanthosis, Scoliosis) Will be performed unless a written opt-out notice is received prior to the screening. If you choose to opt out of the campus screening, we recommend you take your child to be screened by their healthcare provider. If your child fails a campus screening, you will receive a referral from the school nurse. Please provide the examination results to the school nurse once completed as we are required to track this information.

Health-Care Services Provided: Consent **MUST** be given for the child to receive this service. (Select Yes if you want this service provided to your child should it be needed):

Yes / No **Monitoring of Chronic Health Conditions:** Permission to provide care as ordered by my child's physician or care provider for their chronic health condition. (including but not limited to high blood pressure, asthma, seizures, diabetes).

Administration of Parent Provided OTC and Prescription Medications: Will only be administered with a separate signed Medication Permission consent form available at the campus or district website.

Telehealth Services provided by TTUHSC: School nurses may assist with Telehealth services provided by TTUHSC. A separate consent and enrollment form is required from TTUHSC if services are provided. Campuses who offer Telehealth services are Alamo, Bonham, Bunche, Burnet, DeZavala, Fasken, Henderson, Jones, Legacy High, Long, Midland Freshman, Midland High, Rusk, and Scharbauer.

Right to Withhold Consent: I understand that I have the right to withhold consent for or decline any health-related or health-care services provided by the school at any time by notifying the school, in writing, and I understand that withholding consent is only effective after it is received and logged by the campus nurse or authorized designee. I also understand that I may change my mind at any time by submitting a new request in writing to the campus nurse.

Parent / Legal Guardian Printed Name: _____

Parent / Guardian Signature: _____

Date: _____