

Denison ISD Health Services

Denison, Texas 75020

903 / 462-7380

Fax 903 / 462-7419

Opt Out of School Health-Related Services

Student's Name: _____
Last First

Campus: _____ Current Grade: _____ ID#: _____

The 89th Texas Legislature recently passed Senate Bill 12, which allows a parent to withhold consent for or decline any health-related service. Consent will be assumed unless a parent/guardian submits this form to the campus.

This form applies only to school health-related services. Health-care services such as medication administration and skilled nursing procedures require separate written parent consent with physician orders as required by law.

Opt Out requests do not apply to emergency care or general care-taking measures necessary to protect the immediate health and safety of a student. In the event of an emergency, Denison ISD staff will provide immediate care and notify the parent/guardian as soon as possible.

I decline consent for the following services (check all that apply):

- ☐ First aid care - any one-time immediate treatment, and necessary follow-up visits which involve a minor condition or occurrence.
- ☐ Health screenings – vision/hearing/acanthosis nigricans/scoliosis
- ☐ Wellness promotion or education – beyond what is taught through grade level or course instruction
- ☐ Nursing assessment and comfort care for short-term illness, injury, or physical/emotional symptoms beyond basic observation/general care-taking (examples may include use of ice/heat packs, rest, hydration, detailed symptom assessment, or monitoring in the clinic)

This opt-out request remains in effect for the current school year unless replaced by a new written request. Does this opt-out form replace a previous opt-out form from the current school year?

☐ Yes ☐ No

I understand that opting out of the services checked above may limit the school nurse's ability to provide non-emergency care during the school day.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only: Date Received _____ Entered By: _____ Nurse Initials _____

