

**Campus Use Only**

Date Received: _____

Received By: _____

Cleburne ISD 2026-2027 Health-Related Services Opt-Out Form

In accordance with Texas Education Code §§26.0083 and 26.009, Cleburne ISD provides parents and guardians with annual notice of school health-related services available to students. Parents may withhold consent for or decline any health-related service by completing this form and filing it with the school nurse and school counselor.

This form applies only to health-related services defined in the Notice of School Health-Related Services and Parent Consent.

Student Name: _____ Student ID: _____

Campus: _____ Grade: _____

Health-Related Services

Initial next to each health-related service you **DO NOT** want your child to receive during the current school year.

Health-related Service (Nursing)	Parent Initial to Opt-out Only
First Aid: one-time immediate treatment, and any necessary follow-up visits for observation of typically minor conditions, or temporary treatment while waiting for medical care.	
State-mandated screenings: Vision, Hearing, Scoliosis, Acanthosis Nigricans (Risk Assessment for Type 2 Diabetes).	
Nutrition, stress management, wellness promotion, and substance abuse prevention	
Health-related Service (Counseling)	
Social-emotional skill-building (guidance)	
Brief support for stress, anxiety, peer relationships, conflict management, or other short-term emotional challenges	
Suicide prevention supports	
Crisis prevention supports	

*This opt-out will remain in effect for the current school year unless changed by the parent or guardian. Parents or guardians may modify, revoke, or reinstate this opt-out at any time by providing written notice to the campus nurse or counselor. Opting out of a service may limit the district's ability to provide certain educational or support services.

If you have any questions about Health-related services, you may call Christi Gregory, District Nurse at (817) 202-1244 or Autumn Van Winkle, Coordinator of Counseling Services at (817) 202-1180.

Parent Acknowledgement

I understand that I am declining only the health-related services I have initialed on this form. I understand that this form does **not** apply to health-care services that require separate written parent consent.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____