



2026-2027 STUDENT HEALTH AND WELLNESS CONSENT FORM

1. Student Identification & Campus Information

Student Full Name _____ Student ID: _____
Campus: _____ Grade: _____

2. Legal Authority & Statutory Notice

In accordance with Texas Senate Bill 12 (SB 12), Texas Education Code §26.0083, and Texas Education Agency (TEA) Draft Rule §103.1105, Texarkana Independent School District (TISD) provides this annual notice regarding health-related and health-care services offered on our campuses.

You as a parent or guardian have the fundamental right to make decisions regarding the upbringing and control of your child. Our goal as a school is to be a supportive partner in that effort, providing effective academic instruction to maximize student learning. In service of that goal, we also work to support the general well-being of our students so they can remain academically focused.

TISD personnel are always expected to encourage your child to discuss any issues related to their wellbeing with you. TISD personnel can also facilitate a conversation between you and your child about any issues related to their wellbeing. Furthermore, employees are expected to keep parents informed related to observations of their child's mental, emotional, or physical health. You have the right to access your child's education and health records at any time.

As you might expect, teachers and other employees will periodically inquire about a child's wellbeing, (e.g., asking how a student is feeling). In some cases, though, more formalized efforts may be appropriate, and if that is the case, our intent is to work in ways that are consistent with your goals as the parent. If TISD personnel determine that a student needs some additional structured observation – called monitoring – we will notify you.

TISD offers a variety of health-related and health care services to each student. This notice is meant to inform you of all available health-related and health-care services we offer, not necessarily to indicate any of these services will be provided to your child.

TISD is committed to transparency and the reinforcement of parental rights. This document satisfies the statutory requirement to provide written notice before the first day of instruction. Parents have the absolute right to provide or withhold consent for any specific service, as well as the right to be notified of any changes in the monitoring of their student's mental, emotional, or physical health.

3. Definition of General Caretaking (No Consent Required)

Pursuant to TEA Draft Rule §103.1105(b)(2) and (u), "General Caretaking" refers to noninvasive actions provided by school personnel to address minor wellness needs or routine observations. These actions are part of standard school operations and **do not require parental consent.**

General caretaking includes:

- **Minor Physical Care:** Applying adhesive bandages, wiping a bloody nose, cleaning spills/accidents, or providing a change of clothing.
- **Wellness Observations:** Feeling a student's forehead for fever or checking for swollen lymph nodes/tonsils.
- **Immediate Emotional Support:** In-the-moment responses to de-escalate anger, calming a crying student, or inquiring about a student's daily well-being.
- **First Aid:** One-time immediate treatment for minor conditions (excluding medication).

4. Section A: Health-Related Services (OPT-OUT MODEL)

Definition: "Health-Related Services" are typically short-term, noninvasive activities designed to promote well-being. These are not considered formal clinical or therapeutic methods. *Note: Academic and career screenings (e.g., dyslexia screenings) are provided for educational purposes and are distinct from these health services.*

Consent Process: Under the **OPT-OUT** model, consent is assumed for these services unless you take action to withhold it. **You may provide or withhold consent for each service individually; your choice for one service does not dictate your choice for others.**

Physical Health Services & School Counseling Services (OPT-OUT)

CONSENT

DECLINE

Assessment of illness or injury by the school nurse

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First aid (ice packs, bandages, etc.)

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Basic nursing care (distribution of medication)

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State-required screenings (Vision, hearing, spinal, etc. Please see comments below.)

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Athletic trainer evaluations and services

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Health education and wellness promotion

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Academic planning, goal setting, and career readiness

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You have the right to opt out and withhold consent of any of these services to your child, by submitting this form to your student's campus health office. TISD will assume consent is provided unless you opt out. You can update your decisions at any time.

If you do not opt out or withhold consent, health-related services that are provided on a regular, recurring, and ongoing basis will require notification only when services are first delivered within a school year and not for each individual interaction with the child. Sporadically provided health related services of the same type that are not regular and recurring require notification for each occurrence (e.g., occasional but irregular health-related services by a counselor with a student). Administration of first aid is not considered a change in health-related service.

Parents may opt out of school sponsored screenings, however, they are required to provide documentation of such screening at a provider of their choice at their cost. Parents must provide documentation of that screening to the District to ensure students are screened.

5. Section B: Health-Care Services (OPT-IN MODEL)

TISD must notify parents when a child is identified as needing or possibly needing health-care services. "Health-Care Services" include clinical, therapeutic, or invasive services. These include medical procedures, dispensing medication, or therapy of a clinical nature provided by a licensed professional.

Consent Process: Under the **OPT-IN model**, these services will NOT be provided unless you explicitly grant permission. You may provide or withhold consent for each service individually; your choice for one service does not dictate your choice for others.

Health-Care Service Description (OPT-IN)

CONSENT

DECLINE

Individual non-clinical counseling with a school counselor

☐☐

Short-term responsive services and crisis support

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Social-emotional learning (SEL) and conflict resolution support

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Bullying and substance abuse prevention education

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Suicide prevention and intervention support

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Except in emergencies, health-care services will not be provided unless you opt in, providing written consent in advance for any of these services to be made available for your child, by submitting this form to your student's campus health office. You can update your decisions at any time. Consent for services will be considered effective until the end of the school year unless you provide a change of your consent decisions during the year.

6. Statement of Rights and Duration of Consent

- **Duration:** Consent remains effective for the 2026-2027 school year only.
- **Right to Revoke:** You may revoke or changes these selections at any time by providing written notice to the campus principal.
- **Right to Information:** Parents may request additional information about any service and may inspect any well-being questionnaire or screening from prior to its administration.
- **Adverse Change Notification:** In accordance with TEA §103.1105(i), TISD personnel shall notify the parent within **one school day** (or as soon as feasible) if a student discloses information regarding behaviors representing an adverse change in well-being, including disclosures related to sexual behavior, violence, suicidal ideation, or unlawful substance use.
- **Emergency Exception:** Consent is not required in life-threatening emergencies where immediate action is necessary to protect the student or others.
- **Reporting Requirements:** This form does not alter the mandatory duty to report suspected child abuse or neglect under Texas Family Code Chapter 261.

7. Additional Information

TISD will attempt to notify you prior to initiating any proposed change in services provided to your student related to the student's mental, emotional, or physical health or wellbeing. If prior notification is not possible, you will be notified within three school days.

Before administering a well-being questionnaire or a health screening form to your child, a copy will be provided to you. Consent would have to be received by you for the school to move forward with administering the questionnaire or form.

Parent/Guardian Acknowledgement & Signature

I have reviewed the health-related and health-care services offered by Texarkana Independent School District. I understand my right to select services individually and have indicated my preferences as required by Texas law.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____