

Notice of and Consent for School Health-Related and School Counseling Services

The Texas Legislation recently passed Senate Bill 12 guidance on the required parental rights form and right to health-related services information. In accordance with this Senate Bill school districts are required to send this notice to parents.

Please read through this form and sign and returned to your child's teacher. Consent given or not given through this form will be effective during the current school year.

Parents have the right to make decisions regarding the upbringing and control of their child. In accordance with law, the District must provide parents with written notice of each school-based health-related service offered at the campus their child attends and staff services related to school counseling. Parents must be given the opportunity to opt out before some services are provided to their child, and other services require the parent to opt in through signed written consent.

Changes to Consent During the School Year

A parent may opt out of health-related services annually, and consent may be modified, revoked, or reinstated at any time with written notice signed by the parent and delivered to the student's campus principal.

Notice of Services

In accordance with law, the District must provide to the parent of each enrolled student written notice of each health-related service and health-care service offered at the campus the student attends.

The District routinely provides the following health-related services in accordance with requirements of the Education Code and other laws.

Opportunity to Withhold Consent for Health-Related Services

If you wish to opt out of any of the following services for your child, check the box corresponding to the service you do not want provided to your child. **By checking specific items below, you are opting out of your child receiving those services and the District will not provide a checked service to your child** unless otherwise required by law. Questions about what a listed service includes may be addressed to *[customize to reflect best source of information about the listed services]*.

I do NOT want my child to receive the following services:

[Customize list to reflect services provided on campus for which a parent may opt out.]

- ☐ First aid and injury evaluation beyond general caretaking
- ☐ Monitoring of chronic health conditions (e.g., asthma, diabetes)
- ☐ Vision, hearing, and scoliosis screenings
- ☐ Under the influence assessment not required by law

- ☐ Lice screening
- ☐ Acanthosis screening
- ☐ Coordination of health services
- ☐ Nutrition and health education beyond what is taught through grade-level or course instruction
- ☐ Heat illness prevention and injury support for student athletes
- ☐ School counseling in accordance with the Texas Education Code, including:
 - ☐ Early mental health prevention and intervention
 - ☐ School counseling services related to mental or emotional health
 - ☐ Building skills related to managing emotions, stress management, establishing and maintaining positive relationships, and responsible decision-making
 - ☐ Substance abuse prevention and intervention
 - ☐ Suicide prevention, intervention, and postvention
 - ☐ Grief-informed and trauma-informed practices
 - ☐ Safe, supportive, and positive school climates, meaning the quality and character of school life, including interpersonal relationships, teaching and learning practices, and organizational structures, as experienced by students enrolled in the District, parents of those students, and personnel employed by the District
 - ☐ Positive behavior interventions and supports
 - ☐ Positive youth development

Opt In for Health-Care Services

A parent must opt in before their child may receive:

1. Psychological or psychiatric examinations or tests, and psychological or psychiatric examination or treatments, unless a specific exemption is provided by law;
2. Health-care services, except in the case of emergencies; and
3. The administration of a well-being questionnaire or health screening form to a student.

Under state law, before administering a well-being questionnaire or health screening form to a student, the District will provide a copy of the questionnaire or form to the student's parent and obtain the parent's consent to administer the questionnaire or the form. To that end, forms, screeners, and other documents that are routinely used in the process of providing health-related services to your child are attached and identified below.

By checking specific items below, you are consenting (opting in) for your child to receive the identified service or complete the identified questionnaires or forms.

[Customize to reflect services provided on campus for which a parent must opt in, including separately addressing each questionnaire or form attached.]

- ☐ Administration of over-the-counter medications in accordance with law
- ☐ Administration of prescription medications in accordance with law

Should the District recommend health-care or health-related services not specifically addressed in this form or the completion of a form or questionnaire not attached, separate consent will be obtained before the form or services are provided to the student.

Parental Consent Not Required

Parental consent is not required for District personnel to inquire about a student's daily or general well-being or to provide general caretaking to students.

Parental consent is not required for the following:

1. Health-care services rendered by the District in an emergency;
2. Law enforcement or Department of Family and Protective Services activities;
3. Behavioral threat assessment required by law; or
4. Other rights or duties required by law, including the Texas Family Code.

Under Texas Family Code Section 32.004, a child may consent to counseling for themselves as it relates to suicide prevention; chemical addiction or dependency; or sexual, physical, or emotional abuse.

I acknowledge that Patton Springs ISD has provided the required notice and opportunity to withhold consent for or opt out of the District's services for students for this school year, as required by law.

(Please print.)

Student's name: _____

Current grade level: _____

Campus: _____

Parent's signature: _____

Date: _____

Additional information relating to student welfare, wellness, and health services can be found in the District's Student Handbook.

If you have questions, please don't hesitate to contact Mrs. Ramirez.
(ramirezs@pattonsprings.net)

Thank you
Sandra Ramirez
Principal

Patton Springs