Consent For Health Related Services

The 89th Texas Legislature recently passed Senate Bill 12 and in accordance with this law, Carthage ISD must provide parents with written notice of each school-based health-related service regularly offered at the campus their child attends. These routine services promote student safety, wellness, and readiness to learn. The services may be provided by qualified school staff, including nurses and athletic trainers. This consent does not take the place of an individualized health plan, 504 plan, or other legally required document.

A parent has the right to withhold consent for or decline any health-related service. Contact the nurse on your child's campus if you have any questions or concerns about health-related services.

Routine Health-Related Services Provided Regularly at Your Child's Campus:

- Administration of over-the-counter medications in accordance with law, and are provided by the parent of the student and accompanied by a signed Medication Administration form.
- Administration of prescription medications in accordance with law, and are provided by the parent of the student and accompanied by a signed Medication Administration form.
- Coordination of health services
- Promotion of health, wellness, and hygiene practices
- First aid care and injury evaluation
- Heat illness prevention and injury support for students
- Lice screening
- Monitoring and care of chronic health conditions (e.g., asthma, diabetes, seizures, etc.)
- Assessment and support during illness or physical symptoms at school
- Annual Vision, hearing, and scoliosis State Mandated Screenings

Parent Consent for Health-Related Services:

(Print) Student Name:_____Grade:_____

Check one:

_____I consent to my child receiving routine school-based health-related services during the 2025–2026 school year. I understand this consent may be revoked at any time in writing.

_____I do NOT consent to my child receiving routine school-based health-related services during the 2025-2026 school year. I understand that I will be contacted when health concerns arise, when my child feels unwell, or when my child has symptoms of illness. I understand that school staff will NOT provide first aid, monitor symptoms, check vital signs, administer topical aids, or otherwise treat my child at school. I understand that only life-saving care will be provided to my child during the event of an emergency while at school.

Parent Signature: _____Date: _____