Arp Independent School District

Annual notice of and consent for school health and counseling services
2025–2026 school year

During the 89th Texas Legislative Session, lawmakers passed Senate Bill 12, which requires schools to obtain **annual parental consent** before providing certain non-emergency physical or mental health services.

Our school nurses and counselors provide critical day-to-day support for students. Nurses monitor student health, provide screenings, and help manage chronic conditions. Counselors deliver guidance, prevention, and short-term support that helps students grow academically, socially, and emotionally. SB 12 does not change the role of nurses or counselors. It does require us to clearly explain these services and ask for your written consent each school year.

Health services (by school nurses or appropriate personnel):

- Vital signs and evaluation of student health concerns
- Monitoring and support of chronic health conditions (such as asthma, diabetes, or allergies) in coordination with healthcare providers
- Administration of parent/guardian-supplied medications (separate authorization required)
- General health counseling and wellness education
- First aid and injury evaluation
- Support during illness or physical symptoms at school

Counseling services (by school counselors as part of the Comprehensive School Counseling Program):

- Guidance curriculum supporting academics, career goals, and personal growth.
- Responsive services to address immediate personal concerns that place learning or development at risk.
- Individual planning to guide students in setting and reaching educational and career goals.
- System support for teachers, staff, and families to promote student well-being.

- Short-term individual counseling or student check-ins.
- Social-emotional learning activities, small groups, and classroom lessons.
- Support during emotional distress or crisis.
- Substance abuse prevention and intervention.
- Suicide prevention, intervention, and postvention.
- Grief-informed and trauma-informed practices.
- Referrals to community providers (with additional parental consent before services begin)

Services that do not require parent consent

- Mandatory reporting of suspected child abuse or neglect.
- Behavioral threat assessments required by law.
- Verbal check-ins on student well-being.
- Emergency or life-threatening responses.
- Heat illness prevention and injury support for student athletes.
- Vision, hearing, and spinal screenings do not fall under SB 12.

  Alternate opt-out procedures are available if requested.

Legal notes

- District employees and contractors will not provide assistance with social transitioning.
- By law, a student may independently consent to counseling related to suicide prevention, chemical dependency, or abuse.
- Parents must give written consent before any psychological or psychiatric test, examination, or treatment is provided.
- Counseling and student mental health services are further described in board policy FFEA, FFEB, and FFB.

Parent Consent

Student Information (Please print):
Parent/guardian name:_____
Parent/guardian email: _____
Parent/guardian phone number: _____

Student Name: _____
Date of Birth: _____
Campus: _____

Select one:

□ **I consent** for my child to receive the school-based **health** services listed above that require parental consent.

□ **I do NOT consent** for my child to receive the services listed above that require parental consent. I understand my child will still receive emergency care and the services listed above that do not require consent.

Please be advised that if you choose to opt out of health services, and your child becomes ill or sustains a non-life-threatening injury during the school day, the campus nurse or appropriate staff will not be permitted to assess or provide care except in cases of a life-threatening emergency, as defined by applicable law and district policy. In such cases, you will be contacted immediately and will be required to pick up your child from school without delay. Additionally, if your child is sent home due to a suspected illness, they may not return to school without a written statement from a licensed healthcare provider confirming that the student is not ill or contagious.

Select one:

□ **I consent** for my child to receive the school-based **counseling** services listed above that require parental consent.

□ **I do NOT consent** for my child to receive the services listed above that require parental consent. I understand my child will still receive emergency care and the services listed above that do not require consent.

Please be advised that if you choose to opt out of counseling services and your child experiences emotional distress, demonstrates concerning behavior, or requests to speak with a counselor, the school counselor will be limited in the support they can provide. In such cases, you will be contacted immediately and may be required to make arrangements for outside support or to pick up your child without delay.

Parent signature: _____ Date: __/__/____