

# Annual Consent Form for Routine Health Services

(SB 12 Compliance - Physical & Mental Health Related)

Student Name \_\_\_\_\_

Student Grade \_\_\_\_\_

## Purpose:

As permitted by **SB 12**, we are requesting your **annual consent** for your child to receive **routine school-based physical and mental health related services** from qualified school staff, including **nurses, athletic trainers, counselors, and other health professionals**.

This consent supports timely and equitable access to care that promotes student safety, wellness, and readiness to learn. Consent is valid for the entire school year unless you choose to revoke in writing.

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## Examples of Routine Services That May Be Provided:

### Physical Health Services (by school nurses or athletic trainer):

- First aid and injury evaluation
- Administration of over-the-counter medication per school policy
- Monitoring of chronic health conditions (e.g., asthma, diabetes)
- State Mandated Screenings (Vision, Hearing, Spinal, Texas Risk Assessment for Type 2 Diabetes in Children)
- Support during illness or physical symptoms at school
- Heat illness prevention and injury support for student athletes

### Mental Health Services (by school counselors or mental health staff):

- Short-term individual counseling or check-ins
  - Comprehensive student-success needs assessment (academic related behavior needs like study skills and school involvement, not for mental health diagnostic purposes)
  - Social-emotional skill-building or group counseling
  - Support during emotional distress or crisis, including assessment following a reported concern of student self-harm or harm to others
  - Behavioral observations and problem-solving
  - Referral to external providers, if needed (with additional consent)
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**Consent Options:**

Please read the following carefully before making one selection for **Physical Health Services:**

- ☐ By selecting **I consent**, you are giving permission for your child to receive routine school-based physical health services during the **2026-2027 school year**. This consent may be revoked at any time in writing.
- ☐ By selecting **I do not consent**, you are declining routine physical health services for your child at school during the **2026-2027 school year**. You understand that you will still be contacted in emergencies or when health concerns arise that require parental involvement.

Please read the following carefully before making selection one for **Mental Health Services:**

- ☐ By selecting **I consent**, you are giving permission for your child to receive routine school-based mental health services during the **2026-2027 school year**. This consent may be revoked at any time in writing.
- ☐ By selecting **I do not consent**, you are declining routine mental health services for your child at school during the **2026-2027 school year**. You understand that you will still be contacted in emergencies or when health concerns arise that require parental involvement.
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**What This Consent Does Not Include:**

- Formal medical or psychological diagnosis.
- Prescription medication administration without proper authorization.
- Ongoing therapy or treatment requiring parental notification under law/

These activities would require separate written consent and parental involvement, unless in emergency or legally exempt circumstances.

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

**Acknowledgements:**

- This form ensures compliance with SB 12 by documenting annual parental consent.
- I may contact school health or counseling staff with any questions.
- My child's privacy will be protected in accordance with state and federal law.

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Parent/Guardian Name

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Parent/Guardian Signature

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Date