GRANDFALLS-ROYALTY

INDEPENDENT SCHOOL DISTRICT

SB 12 PARENT CONSENT - SCHOOL HEALTH SERVICES

Student Name:

Student's Campus Level: ☐ Elementary (PK-3) ☐ Middle School (4-8) ☐ High School (9-12)

Student's Grade Level: **Date:**

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. School personnel are always expected to encourage your child to discuss any issues related to their well-being with you. School personnel can also facilitate a conversation between you and your child about any issues related to their well-being. 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 well-being (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 school personnel determine that a student needs additional structured observation - called monitoring - we will notify you.

Our school 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.

SECTION 1: HEALTH-RELATED SERVICES (OPT-OUT SERVICES)

You have the right to opt out and withhold consent for any of these services for your child by submitting this form. We will assume consent is provided unless you opt out. You can update your decisions at any time. Please check any service you wish to REJECT / OPT OUT of:

☐ First aid and injury evaluation **Opt Out**	☐ Monitoring of chronic health conditions (e.g., asthma, diabetes) **Opt Out**
☐ Vision, hearing, and scoliosis screenings **Opt Out**	☐ Under the influence assessment **Opt Out**
☐ Acanthosis screening **Opt Out**	☐ Support during illness or physical symptoms at school **Opt Out**
☐ Coordination of health services **Opt Out**	☐ Heat illness prevention and injury support for student athletes **Opt Out**

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SECTION 2: HEALTH-CARE SERVICES (OPT-IN SERVICES)

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 the campus. 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. Please check any service you wish to ALLOW / OPT IN for:

☐ **Administration of over-the-counter medications in accordance with law**
(Additional information/form will have to be completed for this service to be provided) **Opt In**

PARENT / GUARDIAN ACKNOWLEDGEMENT & SIGNATURE

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, or physical health or well-being. 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 must be received from you for the school to move forward with any such assessment.

Parent/Guardian Name (Printed): _____ **Phone Number:** _____

Parent/Guardian Signature: _____ **Date:** _____

Signature may be typed or handwritten after printing.