Notice of and Consent for School Health-Related Services

CONROE INDEPENDENT SCHOOL DISTRICT

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 wellbeing with you. Furthermore, employees are expected to keep parents informed related to observations of their child's mental, emotional, or physical health as appropriate. You have the right to access your child's education and health records at any time.

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 if any of these services will be provided to your child***.

The box below includes health-related services offered on your child's campus.
Please mark any service you wish to **REJECT**, i.e. that you do not want your child to receive at any point in the school year.

Health-Related Service	I **DO NOT** want my child to receive the following services:
First aid and injury evaluation beyond general caretaking	☐
Monitoring chronic health conditions *(e.g. asthma, diabetes)*	☐
State required vision, hearing, and scoliosis screenings	☐

You have the right to opt out and withhold consent of any of these services to your child by submitting this form to your school principal. We will assume consent is provided unless you opt out. You can update your decisions at any time.

Health-care services offered on your child's campus consist of the following:

Health-Care Service
• Medication administration with written permission form filled out by the parent/guardian.
• Medical procedures accompanied by a signed physician's order provided by the parent/guardian.

Parent must sign an additional consent at the time medication or physician orders for services are provided to the school nurse.

Health-care services will not be provided unless you opt in by providing written consent in advance of any of these services being made available for your child. To do so, you will complete a separate permission form with the school nurse. You can update your decision 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.

Student Name: _____

Campus: _____ Grade: _____

Parent/Guardian's Signature: _____ Date: _____
