

Deweyville ISD

Parental Consent for School Health-Related Services



The 89th Texas Legislature recently passed Senate Bill 12 which requires school districts to obtain written permission from a parent/guardian before providing health-related services to that individual's child. Only life-saving care can be given at school without the written consent provided in this document by the child's parent/guardian.

School health-related services are most often provided by the school nurse. However, additional school staff may also provide first-aid and care of ill or injured students. This would include teachers, athletic trainers, administrators, counselors, or other staff charged with supervising children.

Health-related services in the school setting may include:

- **General First Aid**
- **Nursing Assessment** and/or care of symptoms of illness or injury while at school.

The following are examples and not all inclusive:

- Temperature check
- Assessing pulse
- Measuring blood pressure
- Listening to breathing or heart sounds
- Examining pupil responsiveness

Medication Administration

Health-related services may include medication administration and/or special health procedures only if additional permissions are provided.

- **Prescription and/or Over the Counter Medication** may be administered by the school nurse or school staff only if the parent/guardian checks in the medication, in its original container or prescription bottle, and completes a medication permission form. The nurse cannot exceed the dosage amount on the official packaging of the medication.
- School health-related services may include other **medical procedures or treatments** for chronic health conditions that require a physician's order that the parent/guardian has provided to the school nurse.

Other health-related services in the school setting include Texas Department of State Health Services (TDSHS) routine screenings in certain grade levels.

- **Vision** – screening may be completed via a wall chart or a photo-screener dependent upon the age and ability of the child.
- **Hearing**
- **Spinal Screening**

Health-related Information Confidentiality (Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA))

- Health-related information will only be shared with the child's parent/guardian.
- Health information regarding a life-threatening health condition provided by the parent/guardian may be shared for the health and safety of the child with appropriate staff members or those who have a direct role in the child's care during the school day.
- According to the Texas Department of State Health Services, communicable disease information required to be shared with the regional health department will be provided. A full list of Texas Notifiable Conditions can be found at www.dshs.texas.gov/sites/default/files/IDCU/investigation/Reporting-forms/notifiable-conditions-2025-bw.pdf

This Consent **DOES NOT AUTHORIZE:**

- Invasive screenings or procedures
- Collection or sharing of biometric identifiers
- Preventative health care such as laboratory draws, swabs, or vaccine administration
- Medical information or advice on social transitioning

Permission

This permission form becomes effective immediately or upon enrollment/first day of school and remains in effect for the 2025-2026 school year. The law requires school districts to obtain permission from the parent/guardian annually. Permission can be revoked/granted by the parent/guardian at any time. A change in permission must be provided in writing, signed by the parent/guardian, and is effective immediately upon receipt.

Student Name: _____ Grade: _____

Campus: _____

_____ **Yes**, I give written permission for my child to receive health-related services.

_____ **No**, I do not want my child to receive health-related services. I understand that I will be called to pick up my student if he/she complains of feeling unwell at school.

Parent/Guardian Signature: _____ Date: _____

Date Received by the school: _____