GISD HEALTH SERVICES

# GARLAND INDEPENDENT SCHOOL DISTRICT
# HEALTH SERVICES

## Opt-Out and Modification for School Health-Related Services

School Year: _____

Students Name: _____
Last First

Campus: _____ Grade: _____ ID#: _____

The 89th Texas Legislature recently passed Senate Bill 12, which allows a parent to withhold consent for or decline any health-related service. Administration of medication, special nursing procedures, and medical procedures all require separate parent consent and physician's order.

In the event of an emergency, Garland ISD staff will provide immediate care and notify the parent/guardian as soon as possible.

Opt-out services are listed below.

## I <u>decline</u> consent for the following services (check all that apply):

State mandated screenings

- ☐ Vision
- ☐ Hearing
- ☐ Acanthosis Nigricans
- ☐ Scoliosis

☐ First aid- any one-time immediate treatment, and necessary follow-up visits which involve a minor condition or occurrence. This includes general caretaking (bandages, bloody noses, checking a temperature, clothing changes).

☐ Wellness promotion or education (beyond what is taught through grade level or course instruction)

☐ On-campus management of chronic health conditions including creation of individualized health care and emergency management plans

Does this consent form replace a previous school health-related consent form?
☐ Yes ☐ No

Parent's Signature: _____ Date: _____

Additional information relating to student welfare, wellness, and health services can be found in board policy.

For OFFICE use only: ☐EMR updated ☐Scanned and uploaded

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