



**GARLAND INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES**

**Opt Out and Modification for
School Health-Related Services
2025-2026 School Year**

Student's Name: _____
Last First

Campus: _____ Current 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 decline consent for the following services (check all that apply):

☐ 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).

☐ State mandated screenings
Vision
Hearing
Acanthosis Nigricans
Scoliosis

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

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](#).