



Student's 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. As a parent or guardian, you have the fundamental right to make decisions regarding the upbringing and control of your child. Our goal as a district 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. Our district offers a variety of health-related counseling services to each student.

Opt-out services are listed below:

I **REJECT** (Opt -out) consent for the following services (check all that apply):

- ☐ School counseling services related to mental or emotional health;
- ☐ Social skills training;
- ☐ Social emotional learning curriculum;
- ☐ Stress management;
- ☐ Wellness promotion and education;
- ☐ Emotional regulation activities;
- ☐ Substance abuse prevention;
- ☐ Suicide prevention;
- ☐ Crisis prevention training;
- ☐ After careful consideration, I **GIVE** consent to all health-related counseling services listed above.

Does this consent form replace a previous school health related counseling consent form

- ☐ Yes
- ☐ No

Parent's Signature: _____ Date: _____

We will assume consent is provided unless you opt out. You can update your decisions at any time. Additional information regarding health related counseling services are available at <https://garlandisd.net/programs-services/counseling-services>. Additional information relating to student welfare, wellness, and health services can be found in [board policy](#).