ZAVALLA
INDEPENDENT SCHOOL DISTRICT
HOME OF THE EAGLES
FLY AS ONE

Notice of and Consent for School Health-Related Services

This form must be signed and returned to the school nurse. Consent given through this form is effective during the current school year unless revoked earlier. In accordance with law, the District must provide parents with written notice of each school-based health-related service offered at the campus their child attends. These routine services promote student safety, wellness, and readiness to learn. The services may be provided by qualified school staff, including nurses and athletic trainers. This consent does not take the place of an individualized health plan, 504 plan, or other legally required document. A parent has the right to withhold consent for or decline any health-related service.

Routine Health-Related Services Provided at Your Child's Campus

- Provide basic first aid and emergency care
- Administer over-the-counter medications as allowed by district policy and with written parent/guardian approval
- Administer prescription medications provided by parent/guardian in original labeled container with appropriate documentation
- Monitor chronic health conditions as directed by a physician (e.g., asthma, seizures, diabetes, allergies)
- Conduct state-required screenings (vision, hearing, and scoliosis screenings)
- "Under the Influence" assessment
- Lice screening
- Support during illness or physical symptoms at school
- Coordination of health services

Additional services deemed necessary will require separate written consent unless during an emergency or as allowed by law.

Parent Consent for Health-Related Services

Student's Name: _____ Current Grade Level: _____
Campus: _____

☐ I consent to my child receiving routine school-based health-related services during the 2025–2026 school year. This consent may be revoked at any time in writing.

☐ I do NOT consent to my child receiving routine school-based health-related services during the 2025–2026 school year. I will be contacted in emergencies or when health concerns arise.

Parent/Guardian Name (Print): _____
Parent/Guardian Signature: _____ Date: _____

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