

Crandall ISD SB 12 School Nursing Health Related Services Parental Notification

You, as a parent or guardian, 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.

School personnel are always expected to encourage your child to discuss any issues related to their well-being with you. School personnel can also facilitate a conversation between you and your child about any issues related to their well-being. Furthermore, employees are expected to keep parents informed about observations of their child's mental, emotional, or physical health. You have the right to access your child's education records at any time.

As you might expect, teachers and other employees will periodically inquire about a child's well-being (e.g., asking how a student is feeling). In some cases, however, more formalized efforts may be appropriate, and if that is the case, we intend to work in ways that are consistent with your goals as a parent. If school personnel determine that a student needs some additional structured observation – called monitoring – we will notify you.

Our school offers a variety of health-related and health care services to each student. This notice is meant to inform you of all available health-related and health-care services we offer, not necessarily to indicate that any of these services will be provided to your child.

Health Related Service Parent Initial to Opt Out

Health-related services offered on your child's campus are listed on our Healt Services Website.. Please indicate any service you wish to **REJECT**, that you do not want your child to receive at any point in the school year. You have the right to opt out and withhold consent to any of these services indicated by submitting this form to your campus. We will assume consent is provided unless you opt out. You can update your decisions at any time.

| Health-related Service | Initial to Opt Out |
|---|-----------------------|
| Routine health Screenings and Nursing Assessments | |
| First aid and injury evaluation and emergency care and medical response | |
| Administration of over-the-counter medications in accordance with law Medication must be provided by parents and Parent permission form completed. Administration of prescription medications in accordance with law | |
| Monitoring of chronic health conditions (e.g., asthma, diabetes, seizures, allergies) | |



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| Vision, hearing, scoliosis and acanthosis screenings | |
|---|--|
| Under the influence assessment/ Nursing Assessment for Student Safety | |
| Lice screening | |
| Support during illness or physical symptoms at school | |
| Coordination of health services | |
| Heat illness prevention and injury support for student athletes | |
| Health Counseling and Education (Nutrition, hygiene, disease prevention, general wellness) | |
| 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. | |
| Additional Services can also be found in the Student Handbook or on the Crandall ISD Health Services page. | |

This form for opting out is also available upon request at your child's campus.

Consent for services will be considered effective until the end of the school year unless you provide a change to your consent decisions during the year.

| Student Name: | | |
|-------------------|--|--|
| Campus: | | |
| Date: | | |
| Parent Signature: | | |