

## Notice of and Consent for School Health-Related Services

This form must be signed and returned to Bronte ISD. 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:**

- First aid and injury evaluation
- Administration of over-the-counter medications in accordance with law
- Administration of prescription medications in accordance with law
- Monitoring chronic health conditions (e.g., asthma, diabetes)
- Vision, hearing, and scoliosis screenings
- Under the influence assessment
- Lice screening
- Acanthosis screening
- Support during illness or physical symptoms at school
- Coordination of health services
- Heat illness prevention and injury support for student athletes

Any additional health-related services that the campus may believe are necessary and appropriate will necessitate separate written consent and parental involvement, unless during an emergency or as allowed by law.

Forms, screeners, and other documents that are routinely used in the process of providing health-related services to your child are attached.

### **Parent Consent for Health-Related Services:**

*(Please print.)*

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. I understand 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 at school. I understand that I will be contacted in emergencies or when health concerns arise.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional information relating to student welfare, wellness, and health services can be found in the following board policies:

- FFA — Student Welfare: Wellness and Health Services
- FFAA — Wellness and Health Services: Physical Examinations
- FFAB — Wellness and Health Services: Immunizations
- FFAC — Wellness and Health Services: Medical Treatment
- FFAD — Wellness and Health Services: Communicable Diseases
- FFAE — Wellness and Health Services: School-Based Health Centers
- FFAF — Wellness and Health Services: Care Plans