



## GARLAND INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES

### Opt Out and Modification for School Health-Related Services

School Year: \_\_\_\_\_

Students 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. 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):**

##### State mandated screenings

- Vision
- Hearing
- Acanthosis Nigricans
- Scoliosis

- 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).
- 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](#).

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