

Annual Health Services Notification and Parental Consent Form
2025/2026 School Year
RETURN TO SCHOOL NURSE ONLY IF YOU DO NOT CONSENT TO SECTION 2

Dear Parent/Guardian:

. 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 health-related service.

Section 1: Student Information

● Student's Full Name: _____ DOB: _____

Section 2: Health Services Provided by the District

The following health-related services may be provided to students at our campuses during the school year:

- Routine health screenings and nursing assessments (such as but not limited to; vision, hearing, spinal, growth assessments, evaluation of student health concerns, and under the influence assessment).
- First aid, injury evaluation, and medical response (such as but not limited to; minor injuries and illnesses, wound care, allergic reactions, asthma care, and emergency treatment until EMS arrival).
- Administration of medications (prescription/non-prescription; separate authorization required).
- Management of chronic health conditions (such as diabetes, asthma, seizures, severe allergic reactions).
- Health counseling and education (such as but not limited to; nutrition, hygiene, disease prevention, general wellness).

Heat illness prevention and injury support for student athletes.

Section 3: Declination

I DO NOT CONSENT to ALL health-related services in Section 2 provided by the school district this school year.

Note: Consent for administration of medications (prescription/non-prescription) must be completed separately on the Medication Authorization Form.

Section 4: Parental Rights and Responsibilities

I understand:

- I may give consent for service at any time in writing.
- It is my responsibility to update the school nurse promptly with any changes in my child's health or emergency contact information.
- By declining consent, my child will not receive the indicated services except in cases of immediate, life-threatening emergencies.

Parent/Guardian Signature: _____ Date _____