



Dear FBISD Parent or Guardian,

Based on new Texas legislation we are required to provide information on health-related services and honor the preferences you indicate. You as a parent or guardian have the fundamental right to make decisions regarding the upbringing and control of your child. Our goal is to be a supportive partner 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 wellbeing with you. Furthermore, employees are expected to keep parents informed related to observations of their child's mental, emotional, or physical health. You have the right to access your child's education and health 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, though, more formalized efforts may be appropriate, and if that is the case, our intent is to work in ways that are consistent with your goals as the parent. If school personnel determine that a student needs additional support, you will be notified to seek your consent.

Our schools offer a variety of health-related and health-care services to each student based on their individual needs. Of course, we will provide basic first aid and emergency services when needed. This notice is meant to inform you of the available health-related and health-care services we offer, not necessarily to indicate any of these services will be provided to your child.

Health-related services offered on your child's campus consist of the following.

Please initial any service you wish to **REJECT**/ Opt Out of, that you **do Not** want your child to receive at any point in the school year:

Nursing Services

- ☐ Rendering first aid (cleaning wounds/abrasions, application of antibiotic ointments, application of bandages, etc.),
- ☐ State Mandated Health screenings: Vision, Hearing, Scoliosis, Acanthosis Nigricans,
- ☐ Monitoring vital signs (e.g. temperature, blood pressure, glucose levels, etc.), and
- ☐ Nursing assessment, diagnosis, planning, intervention, and evaluation of care.

Education

- ☐ Health and wellness education beyond what is taught through grade-level or course instruction,
- ☐ Nutrition health and education beyond what is taught through grade-level or course instruction.

School Counseling & Social Work services

- ☐ Academic, college, and career planning,
- ☐ Personal/social, mental or emotional health,
- ☐ Small group, social skills training, stress management,
- ☐ Emotional regulation activities,
- ☐ Substance abuse prevention; suicide prevention; crisis prevention training, and
- ☐ Therapy Dog visits to campus.

You have the right to opt out and withhold consent of any of the above services to your child, by submitting this form in Skyward or turning in a paper copy to your child's campus. We will assume consent is provided unless you opt out. You can update your decisions at any time by contacting your student/s campus.



Health-care services offered on your child's campus consist of things like the following. If school personnel determine that your student needs additional support, you will be notified to seek your consent.

Please initial any service you wish to **ALLOW**, that you **DO** want your child to receive if available and needed during the school year:

Psychological Services with parental consent may include

- _____ Texas Child Health Access Through Telemedicine (TCHAT)
- _____ Mental Health Services (such as Cognitive Behavioral Therapy or Solution-Focused Brief Therapy)
- _____ Counselor Needs Assessment can be viewed at this link: <https://www.fortbendisd.com/senatebill12>

Health-care services will not be provided unless you opt in, providing written consent in advance for any of these services to be made available for your child, by submitting this form in Skyward or submitting a paper copy. You can update your decisions at any time by contacting your student/s campus or in partnership with the campus.

Consent for services will be considered effective until the end of the school year unless you provide a change of your consent decisions during the year. We will attempt to notify you prior to initiating any proposed change in services provided to your student related to the student's mental, emotional, or physical health or wellbeing. If prior notification is not possible, you will be notified within three school days.

Before administering a well-being questionnaire, psychological assessment, or a health screening form to your child, a copy will be provided to you. Consent would have to be received by you for the school to move forward with administering the questionnaire or form.

FBISD values your partnership and is dedicated to supporting your child's health while respecting your preferences. For questions or additional information, please reach out to your child's campus team.

Thank you for your continued support of Fort Bend ISD and your child's educational journey.

Student's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____