Tioga ISD Health Services Senate Bill 12 Notice of Consent

TEC, § 26.0083, requires each school district and open-enrollment charter school to provide the parent of each enrolled student, before the first instructional day of each school year, with written notice of each health-related service and health care services offered at the campus the student attends.

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 school 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 in relation 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 some additional structured observation - called monitoring- we will notify you.

Mental Health Services:

Tioga ISD offers the following mental/emotional support interventions to promote student well-being. This notice is meant to inform you of available services and not necessarily to indicate any of these services will be provided to your child.

Mental Health Service: initial **ONLY** those services your wish to **OPT-OUT** of / refuse for this, 2026-2027, school year. We will assume consent is provided, unless you opt-out. You can update your decisions at any time by contacting Lisa Neal, District Nurse.	**Parent Initial to OPT OUT (Refuse service)**
Short-term individual counseling or check-ins	
Comprehensive student-success needs assessment (academic related behavior needs like study skills and school involvement, not for mental health diagnostic purposes)	
Social-emotional skill building or group counseling	
Support during emotional distress or crisis, including assessment following a reported concern of student self-harm or harm to others	
Behavioral observations and problem-solving	
Referral to external providers, if needed (with additional consent)	

Health Services:

Tioga ISD 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 any of these services will be provided to your child.

Health-Related Service : initial **ONLY** those services your wish to **OPT-OUT** of / refuse for this, 2026-2027, school year. We will assume consent is provided, unless you opt-out. You can update your decisions at any time by contacting Lisa Neal, District Nurse.	**Parent Initial to OPT OUT (Refuse/Decline service)**
First Aid *(although this is considered a health service under law, TEA has now clarified that first aid must be provided to all students, regardless of parental consent as a general caretaking responsibility of school districts)	
Health Screenings (vision, hearing, scoliosis, BM, Acanthosis Nigricans)	
Immunization review and compliance	
Health education for students	
Communicable disease surveillance and prevention	
Development of individualized health plans (IHPS)	
Development of emergency care plans (ECPS)	
Case management and care coordination	
Referrals to physicians, dentists, counselors, or community services	
Mental health support and crisis intervention	
Wellness promotion and education (nutrition, hygiene, physical activity)	
Participation in 504, RTI and special education meetings	

Health-Care Service (please note that **MANY** of these services, indicated by ** require additional forms/consent/MD orders). Initial **ONLY** those services your wish to **OPT-IN** / accept for this,2026-2027,school year. Except in emergencies, health-care services will **NOT** be performed unless you **opt-in**. You can update your decisions at any time by contacting Lisa Neal, District Nurse.	**Parent Initial to OPT IN (Accept service)**
Illness assessment/evaluation	
Injury assessment/evaluation	
Monitoring vital signs (temperature, blood pressure, heart rate, oxygen saturation, respiratory rate)	
Untoward behavior assessment (suspected under the influence assessment)	

Health-care Service continued	**Parent Initial to OPT IN (Accept service)**
**Medication administration (prescription and approved over-the-counter medications	
**Blood glucose monitoring	
**Insulin administration	
**Tube feedings (G-tube)	
**Catheterization	
**Tracheostomy care and suctioning	
**Nebulizer treatments	
**Wound care and dressing changes	
**Seizure management and emergency medication administration	
**Diabetic care	
**Ostomy care	
Management of acute illness while at school	
Individual nursing assessments	
Care for students with chronic health conditions (asthma, diabetes, epilepsy, severe allergies, ADHD, etc)	

This form is for the following student(s):

Name: _____ Grade:_____

Name: _____ Grade:_____

Name: _____ Grade:_____

Name: _____ Grade:_____

Name: _____ Grade:_____

Name: _____ Grade:_____

Parent/Guardian Signature_____ Date completed: _____