



## Charlotte Independent School District Health Services

### Parent/Guardian Consent for Student Health Services (Texas SB 12 Compliance)

#### Student Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Campus Name: \_\_\_\_\_
- Grade Level: \_\_\_\_\_
- Student ID: \_\_\_\_\_

#### SECTION 1: Parental Consent for Health Services

In accordance with **Senate Bill 12 (SB 12), 89th Texas Legislature**, I, the parent, or legal guardian of the student named above, hereby:

- ☐ **Grant consent** for the school to provide physical, emotional, and mental health services to my child while at school.
- ☐ **Decline consent** for the school to provide such services to my child unless required under a separate legal exception (e.g., emergency care or court order).

#### The services may include but are not limited to:

- Evaluation and treatment by the school nurse for illness or injury
- Administration of over-the-counter medications (**if separate Medication Administration form is completed**)
- Mental or emotional support services provided by school counselors or mental health professionals
- Screenings (vision, hearing, scoliosis, etc.)
- Referrals to school-based or external health service providers.

#### Section 2: Parent/Guardian Contact Information

- Full Name: \_\_\_\_\_
- Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
- Email address: \_\_\_\_\_
- Relationship to Student: (circle one) Parent Legal Guardian Other: \_\_\_\_\_

#### Section 3: Signature

By signing below, I acknowledge that I am authorized to provide consent and that I understand this form is required under Texas Law (SB 12). I understand I may revoke this consent at any time in writing.

Signature: \_\_\_\_\_

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

NOTE: This consent form does not authorize the school to provide care outside of the scope of standard services. It does not replace individual consent for special education evaluations, psychological exams, or emergency medical care as defined by law.