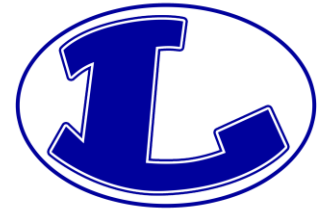


**LAMPASAS INDEPENDENT SCHOOL DISTRICT
SCHOOL HEALTH SERVICES
207 W. 8TH STREET
LAMPASAS, TX 76550**



Notice of and Consent for School Health-Related Services

OPT-OUT FORM

This form must be signed and returned to Lampasas Independent School District Campus Nurse or Director of School Health. Consent given through this form is effective during the current school year unless revoked earlier.

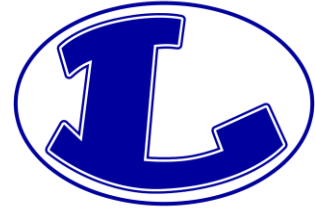
In accordance with law, the district must provide parents with written notice of each school-based health-related service offered at the campus their child attends. These routine services promote student safety, wellness, and readiness to learn. The services may be provided by qualified school staff, 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 any health-related service.

Routine Health-Related Services Provided at Your Child's Campus:

- ☐ Health Promotion & Education
- ☐ Basic First aid and injury evaluation
- ☐ Administration of prescription medications in accordance with law
- ☐ Monitoring of chronic health conditions (e.g., asthma, diabetes)
- ☐ Vision, hearing, and scoliosis screenings
- ☐ Under the influence assessment
- ☐ Lice screening
- ☐ Acanthosis screening
- ☐ Support during illness or physical symptoms at school
- ☐ Coordination of health services
- ☐ Heat illness prevention and injury support for student athletes
- ☐ Emergency Preparedness Training
- ☐ Community Outreach (Medical & Dental Referrals)
- ☐ State Immunization Compliance
- ☐ Skilled Nursing Care & Procedures
- ☐ Puberty Education Course
- ☐ Mental Health Support and Referral Services
- ☐ GoodSide Health and TCHAT Services **(Additional Consent is required)**

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Any additional health-related services that the campus may believe are necessary and appropriate will necessitate separate written consent and parental involvement, unless during an emergency or as allowed by law.

Forms, screeners, and other documents that are routinely used in the process of providing health-related services to your child can be found on the Lampasas Independent School District Website under School Health.

Parent Consent for Health-Related Services:

(Please print.)

Student's name: _____

Current grade level: _____

Campus: _____

I **OPT-OUT** of the items checked under routine Health- Related Services for my child receiving routine school-based health-related services during the 2025–2026 school year.

I understand that I will be contacted in emergencies or when health concerns arise if I elect to decline consent. I understand I cannot provide verbal consent if I elect to decline consent. I understand this consent may be revoked at any time in writing.

Parent's signature: _____

Date: _____

Additional information relating to student welfare, wellness, and health services can be found in the following board policies:

- FFA — Student Welfare: Wellness and Health Services
- FFAA — Wellness and Health Services: Physical Examinations
- FFAB — Wellness and Health Services: Immunizations
- FFAC — Wellness and Health Services: Medical Treatment
- FFAD — Wellness and Health Services: Communicable Diseases
- FFAE — Wellness and Health Services: School-Based Health Centers
- FFAF — Wellness and Health Services: Care Plans