# Richardson ISD Health Services
# Notice of and Consent for School Health-Related Services 2026-2027

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. Consent given through this form is effective during the current school year unless revoked earlier.

Student Name: _____ Student ID No.: _____

| **Routine Health-Related Services Provided at Your Child's Campus may include:** |
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| First Aid Care (e.g., cleaning and bandage) |
| Application of topical antiseptics and anti-itch (e.g., S.T.37, calamine lotion, vaseline) |
| Eye irrigation for foreign particles |
| Dental first aid (e.g., application of gauze for a lost tooth) |
| Temperature checks using a non-invasive thermometer |
| Evaluation or assessments of general illness symptoms (e.g., stomachache, headache) |
| Evaluation or assessment of student injuries |
| Use of non-pharmacological interventions (e.g., ice packs, cold compress, heating pad, peppermint) |
| Monitoring of chronic conditions (e.g., asthma, diabetes) |
| Promotion of health and wellness (e.g., increasing water intake) |
| Annual Vision, Hearing, Spinal, and Type 2 Diabetes State Mandated Screenings |
| Lice Screening |
| Support during illness or physical symptoms at school |
| Coordination of health services |
| Neurological Assessment |
| Heat illness prevention and injury support for student athletes |

Health Services may provide the following with additional parental written consent, which requires completing an additional form for each:

- Administration of prescribed medication;
- Administration of over-the-counter medication;
- Providing medically required procedures.

## Parent/Guardian Authorization

I understand that if I choose **not** to give permission for RISD Health Services to provide care and services to my child at school, I will be responsible for meeting any health and/or medical needs they may have. This means that if my child needs care, I must either go to the school to provide it or arrange for them to be picked up. I understand that without written consent, the school nurse or school personnel will NOT be able to provide health services or care. However, I also understand that in the case of a serious or life-threatening emergency, the school will provide emergency care as needed. This may include calling 911 or using lifesaving measures such as administering cardiopulmonary resuscitation (CPR), administering Narcan, and using an automated external defibrillator (AED).

☐ I consent to my child receiving routine school-based health-related services during the 2026–2027 school year. I understand this consent may be revoked at any time in writing.

☐I do NOT consent to my child receiving routine school-based health-related services during the 2026-2027 at school. I understand that I will be contacted in emergencies or when health concerns arise.

Signature of Parent/Guardian: _____

Parent/Guardian Name (Printed): _____

Date: _____

**OFFICE USE ONLY**

Received by: _____

Date Received: _____

Staff Notes: _____