
Annual Notice of School Healthcare Services

The Ohio legislature has enacted the Parents' Bill of Rights that affirms your fundamental right as a parent or guardian to make decisions concerning the upbringing, education, and care of your child. The District has adopted Board Policy IGBLA, which describes the specific rights you have as a parent or guardian and requires the District to notify you regarding these rights and to ask for you to choose whether the District can provide certain health care services to your child.

The District offers the following physical, mental, and behavioral health care services to your child:

- Minor injury care (e.g., cuts, scrapes, bruises), bandaging, ice packs, general comfort measures
- Disease/condition management (e.g., chronic, acute & communicable)
- Coordination of care with healthcare providers
- Medical screenings
- General health education, promotion, and disease prevention
- Basic dental screenings (Conducted by school or visiting dental professionals)
- State required immunization compliance monitoring
- Collaboration with public health agencies
- School based counseling services

The District is further authorized by law to employ health care service professionals and to provide certain services – among them, diabetes care, conducting hearing and vision tests, screening for newly enrolling kindergarten or first grade students, dyslexia screenings, medication administration, concussion assessments, seizure action planning, threat assessments, counseling to any victim of sexual harassment or sexually related conduct, counseling for habitually absent students, and any other services required by a student's Individualized Education Plan or 504 Plan.

Other options are available for your child to receive physical, mental, and behavioral health services. You can see your primary health care provider. Programs, including a public health clinic, are also offered by Sandusky County Public Health. A list of counseling and behavioral health resources is available here: <https://mhsosw.org/outpatient-treatment/>.

To facilitate parental involvement and decision-making, you have the option to withhold consent or decline any service offered by the District. Your consent does not waive your right to access your child's educational or health records or to be notified about a change in your child's services or monitoring as required by law.

Note: This notice and consent does not apply to emergency situations, first aid, other unanticipated minor health care services, or health care services provided pursuant to a student's IEP or 504 Plan. If you have questions about these exceptions, please contact your child's building of attendance.

*****If you consent to the above healthcare services, no further action is necessary at this time.*****

If you **do not** consent to the above healthcare services, please indicate that below, sign and return to your child's building.

[] I **do not** consent to the above healthcare services for my child.

Parent/Guardian signature: _____ Date: _____

Student's name: _____ Grade: _____