

FACT SHEET

THE IMPACT OF STATE PARENTAL RIGHTS LEGISLATION ON DELIVERY OF SCHOOL HEALTH SERVICES

INTRODUCTION

Parental rights legislation has gained momentum in the United States, aiming to formalize the primacy of parents in directing their children's education, health care, and upbringing. For years, federal law has recognized the fundamental rights of parents to make decisions concerning their children's welfare, such as the Family Educational Rights and Privacy Act ("FERPA"),¹ the Protection of Pupil Rights Amendment ("PPRA"),² and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").³ Despite these strong protections—often reinforced by state law—more than half of state legislatures have recently enacted measures to further fortify parental rights. Because they largely are driven by politics, these laws are not created with implementation in mind and have created confusion for school nurses and jeopardized students' access to needed health care.

THE PUSH FOR GREATER PARENTAL OVERSIGHT IN SCHOOLS HAS BEEN LARGELY REACTIONARY, STEMMING FROM PERCEPTIONS THAT PARENTS ARE LOSING CONTROL OVER THEIR CHILDREN'S EDUCATION AND WELL-BEING WITHIN THE SCHOOL SYSTEM TO "A GROUP OF PROFESSIONAL ELITES."

RECENT TRENDS IN PARENTAL RIGHTS LEGISLATION AMID HEIGHTENED POLITICAL RHETORIC

Some parent groups perceive that schools are undermining their authority, a belief that is largely driven by political polarization.⁴ Parents have primary legal authority to make decisions about their child's education and well-being in public schools, including the ability to opt out of certain curricula, request to view and amend education records, request accommodations, and participate in school board meetings.⁵ Federal and state laws, such as FERPA, have protected parental access to educational records and decision-making in schools for more than 50 years. The PPRA gives parents the right to review surveys and evaluations administered to their child when they involve questions about personal sensitive information, such as mental health, political

affiliation, religion, income, and sexual identity or behaviors.⁶ Additionally, many schools have existing policies that encourage parental involvement and transparency.⁷

The push for greater parental oversight in schools has been largely reactionary, stemming from perceptions that parents are losing control over their children's education and well-being within the school system to "a

group of professional elites.”⁸ This movement suggests a growing concern that schools are making critical decisions about students without parental involvement or consent. However, these fears generally are unsubstantiated and based on misinformation, political rhetoric, or isolated failures of schools to comply with parental notice and consent processes already required by law. Advocates for parental rights in education often cite *Fields v. Palmdale School District* (2005), which involved an in-school psychological survey containing some questions of a sexual nature, administered to students aged seven to ten.⁹ The Ninth Circuit held that parents do not have a due process right to control the information that public schools make available to students,¹⁰ but acknowledged and upheld the two leading Supreme Court cases that affirmed parents’ due process right to control their children’s upbringing, *Meyer v. Nebraska* (1923) and *Pierce v. Society of Sisters* (1925).¹¹ Ruling only on the due process question before it, the court noted that it was “not [the court’s] role to rule on the wisdom of the School District’s actions.”¹² What happened in *Fields* was arguably a singular failure by a single school district of proper parental notice, opportunity for review, and consent as required by the PPRA. Importantly, in 2025 the Supreme Court held on First Amendment grounds that parents must be given notice and an opportunity to opt out of certain educational materials they find objectionable for religious reasons—further reinforcing that parental rights are firmly grounded in federal law and constitutional doctrine, and claims of their widespread erosion are not borne out in reality.¹³

Many teachers, principals, and other school staff have spoken out about the ways in which misinformation about curriculum, school policies, and other educational matters have negatively affected both parent-teacher interactions and interactions amongst classroom peers.^{14,15} The tension has had a concerning impact on teacher retention in schools.¹⁶ One troubling consequence of parental-rights legislation is its impact on school-based health services. In Florida, for example, the implementation of the Parents’ Bill of Rights led several school districts to require parental consent before school nurses can provide even basic health services.¹⁷ This means that activities such as administering first aid, dispensing over-the-counter medications, or conducting health screenings now necessitate explicit parental permission.¹⁸ To comply with these regulations, some districts have introduced blanket consent forms at the start of the academic year.¹⁹ While this approach streamlines the process, it also introduces administrative challenges and may delay care if consents are not promptly returned. The increased bureaucratic burden can also strain school health resources and potentially impede timely medical attention for students.

Despite these concerns, the current federal administration seems to promote the political viewpoint that has led to the enactment of parental rights legislation. On March 28, 2025, the Department of Education issued a “dear colleague letter” reminding educational institutions that receive federal funding of their compliance obligations under FERPA and PPRA, namely that schools are required to allow parents to review their child’s education records.²⁰ The announcement highlighted that a parent’s right to inspect includes any records relating to the student’s gender identity. The announcement signified the administration’s push for parental authority regarding student gender identity and mental health privacy and reflects the broader national debate on the balance between parental authority and student autonomy in matters of mental and physical health.

PARENTAL RIGHTS LEGISLATION’S IMPACT ON SCHOOL HEALTH

The shift towards strict parental consent requirements in school health services raises several concerns among public health professionals, particularly because many students and families rely on schools and school nurses to meet child and adolescent health care needs.²¹ The health implications of parental rights legislation are particularly concerning for school health practitioners who treat LGBTQ+ students and students with other sensitive health concerns, who often rely on school-based health care.²² These students may face increased risks of stigma, denial of care, or forced disclosure of personal information, which can have serious negative implications for their physical and mental well-being.²³

AFFIRMATIVE CONSENT REQUIREMENTS AND IMPRECISE LANGUAGE CAN LEAD TO DELAYED CARE

Processes requiring school nurses to check for parental consent on file or seek out consent before administering care add administrative roadblocks to treating children. Many state parental rights laws employ imprecise language that stymies implementation and can lead to delays in treatment. Requirements for parental consent for routine health services are particularly confusing and difficult to implement, because state laws that require consent for school nursing care fail to define what actions do or do not require affirmative parental consent. Some states contain exceptions for “routine care,” “first aid,” or emergency health care, but these statutory terms are not medical terms of art. School districts must interpret what constitutes “routine” and “emergency” health care, often leaving such determinations to educational administrators who are not trained or licensed medical providers. Even when administrators make these determinations, it is the school nurse who must interpret and apply the law and school district policies while managing a full health suite and caring for a sick or injured child. Even in the best times, school nurses struggle to meet their students’ needs due to limited staffing and resources. Adding the bureaucratic burden of finding the relevant permission for a particular child and interpreting and complying with a statute’s imprecise language detracts from a nurse’s ability to provide care.

NEW STATE LAWS CREATE CONFLICTS AND CONFUSION REGARDING PRIVACY REQUIREMENTS

Requirements to share sensitive health information may create conflicts between protecting patient confidentiality and complying with parental notification mandates.²⁴ Most of these new parental rights laws do not substantially change existing requirements under FERPA, which already grants parents access to their child’s educational records.²⁵ However, these state laws often impose stricter requirements by limiting exceptions and explicitly prohibiting school districts from developing policies that in any way permit student information to be withheld from the parent. For example, under FERPA, parents have the right to inspect their child’s educational record, but the law expressly excludes from the definition of “education records” any notes that are “kept in the sole possession of the maker, are used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record.”²⁶ This means that a school nurse can counsel a student about contraception and not disclose that information to the student’s parent, as long as they do not record the encounter in the student’s record. Privacy provisions in parental rights laws may allow parents to access student health records, *including a nurse’s personal notes*. In 2025, Washington updated its law using language that mirrors FERPA and specifically protects private nursing notes from parental review.²⁷ Such efforts to safeguard the privacy of school nursing notes are important for protecting the privacy rights and wellbeing of students who may need to seek care without parental knowledge. Without such protections, school nurses face greater legal and ethical challenges in determining when they may or may not share student health details with parents, particularly in sensitive situations involving reproductive health, mental health, or substance use. In Kentucky, schools may not implement any policies that would keep student information confidential from parents with an exception if “a reasonably prudent person would believe, based on previous conduct and history, that the disclosure would result” in the child becoming abused, neglected, or a dependent of the state.²⁸ No evidentiary standard or guidelines are available for school

nurses to navigate such impossible situations with the threat of losing their nursing license looming overhead; the bar seems so high that parental disclosure will likely rarely be restricted.

REDUCED ACCESS TO SCHOOL-BASED HEALTH CARE

Delayed care, increased administrative load, and confusion about health privacy requirements could all amount to students not being able to access—or being actively discouraged from accessing—school nursing services. For example, strict parental notification rules may discourage students from seeking help for mental health concerns during a critical time for intervention. In a 2021 CDC study, 42% of high school students reported persistent feelings of sadness or hopelessness.²⁹ A 2024 study further found that 18% of public-school students accessed mental health services through their school.³⁰ Limiting school nurses’ ability to provide timely care could worsen health outcomes, increase absenteeism, and create unnecessary barriers to critical support services.³¹ In addition, some states have passed "Given Name" laws, which prohibit school staff from changing student pronouns on education records or addressing a student with a pronoun "inconsistent with their biological sex." This can diminish students’ trust in school nurses and limit their willingness to seek school-based care when they do not feel respected.

PARENTAL RIGHTS LEGISLATION STATE CHART

To better understand the impact of these laws, the following chart outlines the 26 states that have enacted parental rights legislation that impacts provision of health care in schools. This chart highlights key provisions affecting school health services and offers guidance on what to monitor, including: (1) specific restrictions on medical care in schools; (2) requirements for parental notification, consent, and withdrawal; and (3) emergency care and child abuse exceptions.

STATE	CATEGORY
ALABAMA	AL Code § 26-1-6 • Parents have a fundamental right to direct the upbringing of their children, including directing education and care. • The government may not burden this fundamental right.
ALASKA	Alaska Stat. § 14.03.016 • Schools must provide parent notification no less than two weeks before any activity, class, or program that includes content involving “human reproduction or sexual matters” is provided to an unemancipated minor under 18 years old. ◦ In a 2023 memo, the Alaska Attorney General clarified that this also requires notification for material covering gender identity. • Parents can withdraw their child from an activity, class, program, or standards-based assessment or test, but the parent must object each time they wish to withdraw their child. ◦ <u>Exception</u>: Parents cannot pull their student from curriculum on sexual abuse, sexual assault, awareness and prevention training, and dating violence/abuse awareness and prevention training.
ARIZONA	Ariz. Rev. Stat. § 1-602 • Provides fundamental parental rights to direct the education of their minor child, make all health care and mental health care decisions for the minor child, and to request, access, and review all written and electronic medical records without obstruction or interference. ◦ <u>Exception</u>: Law enforcement officials may request that the information not be released if otherwise prohibited by law or if the parent is the subject of an investigation of a crime committed against the minor child.

- School employees can be disciplined if they attempt to encourage or coerce a minor child to withhold information from the child's parent.
- A parent may bring suit if their parental rights are interfered with.

Ariz. Rev. Stat. § 15-102

- Parents who object to any learning material or activity on the basis that the material or activity is harmful may withdraw their children from the activity or from the class or program in which the material is used. Objection to a learning material or activity on the basis that the material or activity is harmful includes objection to the material or activity because it questions beliefs or practices in sex, morality, or religion.
- Parents must provide written permission for a child to participate in sex education.
- Parents have a right to opt out of instruction for their child on acquired immune deficiency syndrome.

ARKANSAS

AR. Code § 6-1-108

- A faculty member, teacher, or other employee of a school, regardless of the scope of his or her official duties must not address a student with a pronoun or title inconsistent with the unemancipated minor's or student's biological sex, or a name other than the name listed on the student's birth certificate, unless the school has written permission from a parent.

FLORIDA

Fla. Stat. § 1001.42(8)(c)

- School districts must adopt a procedure for notifying a parent if there is a change in a student's services or monitoring related to the student's mental, emotional, or physical health or well-being. The procedure must require school district personnel to encourage a student to discuss issues relating to their well-being with their parents or to facilitate a discussion with the parent. A school district may not adopt procedures that prohibit school district personnel from notifying parents of such information, and personnel must not discourage parental involvement in student health decisions.
- Parents must be able to access any of their students' education and health records created, maintained, or used by the school district.
 - Exception: Parental access to records can be limited if a reasonably prudent person would believe that disclosure would result in abuse, abandonment, or neglect
- No instruction on sexual orientation or gender identity may occur in prekindergarten through grade 8.
- At the beginning of the school year, the school district must notify parents of each health care service offered at their students' school. The school district must also notify parents of the option to withhold consent or decline specific services.
- The school district must provide a copy of a well-being questionnaire or health screening form to the parent and obtain consent before administering it to a student.
- If a concern of a parental rights violation is not resolved by the school, a parent may bring an action against the school district in court.

GEORGIA

Ga. Code § 20-2-786

- Parents have a right to direct the upbringing of a minor child and access and review all records relating to the minor child.
- Each governing body must develop and adopt a policy or regulation to promote parental involvement in schools, which must include procedures for a parent to review their child's records and procedures for a parent to be notified of and withdraw their child from sex education.
 - Exception: Parental involvement can be limited in cases of abuse or neglect, law enforcement, court orders, parental action or decisions that would end life.

IDAHO[Idaho Code § 33-6001](#)

- Schools should develop and implement a policy to notify a parent or legal guardian regarding known changes in the student's mental, emotional, or physical health or well-being.
- School policies must not prohibit parents or legal guardians from accessing any of their children's education and health records created, maintained, or used by the public schools unless those records relate to physical abuse, abandonment, or neglect by the parent/legal guardian.
- At the beginning of the school year, public schools must notify parents and legal guardians of and get their consent for health services offered through the school or by private organizations.
- The school must first obtain consent from the school's superintendent before administering a noncurricular-related student survey, well-being questionnaire, or health screening to any student and obtain consent from a student's parent if the content of the surveys, questionnaires, or screenings regards information on a student's sex, sexuality, religion, political beliefs, mental or psychological symptoms, family information, or financial information.
- Schools must adopt policies that prohibit classroom instruction on sexual orientation or gender identity from kindergarten through grade 12 or in a manner that is not age-appropriate or developmentally appropriate for students.

INDIANA[IN. Code 31-42-1-2](#)

- A government entity may not burden a parent's fundamental right to direct upbringing, religious instruction, education, or health care.

IOWA[Iowa Code § 601.01](#)

- A parent has the fundamental, constitutionally protected right, to make decisions affecting the parent's or guardian's minor child, including decisions related to the minor child's medical care, moral upbringing, religious upbringing, residence, education, and extracurricular activities.
- The section does not prevent a minor child from receiving medical attention in an emergent care situation.
 - Emergent care is defined as "a sudden or unforeseen occurrence or onset of a medical or behavioral condition that could result in serious injury or harm to a minor child in the event immediate medical attention is not provided."

[Iowa Code § 279.76](#)

- Each school district must give written notice to a student's parent or guardian of an examination or survey of the student that is designed to assess the student's mental, emotional, or physical health at least seven days prior to the examination or survey. The notice must include a copy of the examination or survey or a link to an internet site where the parent or guardian may access the examination or survey.

[Iowa Code § 279.78](#)

- If a student requests an accommodation that is intended to affirm the student's gender identity from a licensed practitioner employed by the school district, the licensed practitioner must report the student's request to an administrator employed by the school district, and the administrator must report the student's request to the student's parent or guardian.
- Employees may be subject to disciplinary action for failing to comply with this section.

[Iowa Code § 279.79](#)

- Parental consent is required for any survey, analysis, activity, or evaluation that reveals mental or psychological problems of a student or family and sexual behavior, orientation, or attitude.

[Iowa Code § 279.80](#)

- A school district must not provide any program, curriculum, test, survey, questionnaire, promotion, or instruction relating to gender identity or sexual orientation to students in kindergarten through grade 6.

KENTUCKY[Ky. Rev. Stat. § 158.1415](#)

- Sex education curriculum must include abstinence as the desirable goal and the only certain way to avoid health problems.
- Children in grade 5 and below do not receive any sex education, and any child, regardless of grade level, does not receive instruction that has a goal or purpose of students studying or exploring gender identity, gender expression, or sexual orientation. Schools must obtain parent's written consent before a child in grade 6 and above receives sex education, and such educational material must be subject to inspection by parents of participating students.

- Exception: Schools may provide age-appropriate instruction on child sexual abuse, regardless of grade level
- A public-school offering sex education must provide written notice to the parents at least two weeks prior.

Ky. Rev. Stat. § 158.191

- The school district must provide a listing of the health services and mental health services related to human sexuality, contraception, or family planning available at the student's school and provide notice of the parent's right to withhold consent or decline any of those specific services.
- A school must notify parents if the school changes the related health or mental health services and must obtain consent prior to providing those services to the student.
 - Exception: Nothing in this law prohibits a school from administering emergency medical or mental health services for a student
- School districts and district personnel must encourage students to discuss mental or physical health or life issues with their parents or facilitate discussion with their parents.
- Schools must not implement any policies that would keep student information confidential from parents. A school district must provide the parent with access to review the material and must obtain parental consent for a well-being questionnaire, assessment, or health screening form being given to a child.
 - Exception: Information can be withheld from a parent if the disclosure would result in the child becoming abused, neglected, or a dependent of the state.
- Schools must not require, recommend, or adopt policies/procedures for the use of pronouns that do not conform to a student's biological sex.

LOUISIANA

La. Stat. Tit. 17, § 406.9

- Parents have the right to inspect and receive a copy of their child's school records, including medical or health records, records of any mental health counseling, records of any vocational counseling, screening records for learning challenges, IEP plans or accommodation plans, and any other student-specific file, document, or other materials that are maintained by the school.
 - Exception: Schools will not be required to release any records to a parent during an investigation of child abuse or neglect where the parent is the target of the investigation unless the parent has obtained a court order.
- Parents have the right to be notified when medical services are being offered to their child
 - Exception: medical emergencies
- The parent/guardian must receive written notice and the option to opt out of any surveys, assignments, questionnaires, role-playing activities, recordings, or other student engagements that include questions about the student's sexual experiences or attractions, family beliefs, mental health or psychological problems of the child or their family.

MICHIGAN

Mich. Comp. Laws § 380.10

- Provides a general fundamental right of parents and legal guardians to determine and direct the care, teaching, and education of their children, stating that the public schools best serve the needs of students when they cooperate with their parents/legal guardians.

MONTANA

Mont. Code. § 40-6-703

- Parents may withdraw their child from instruction, presentations, assemblies, guest lectures, or other educational events that offend the parent's beliefs or practices.
- A parent must provide written consent before their student uses a pronoun that does not align with the student's sex.

NEBRASKA

Neb. Rev. Stat. §§ 79-531

- School boards must develop and adopt a policy stating how the district will involve parents, guardians, or educational decision makers (person designated or ordered by a court to make educational decisions on behalf of a child) and what rights they have relating to access.

Neb. Rev. Stat. §§ 79-532

- The policy must include:
 - How the school district will provide access to activities information, curriculum information, websites or applications used for learning, training materials for staff,

- procedures for the review and approval of training materials, learning materials, and activities, and other curriculum materials used in the school district;
 - How the school district will accommodate requests to attend and monitor assemblies and counseling sessions;
 - Under what circumstances parents, guardians, or educational decisionmakers may excuse their child from school experiences they find objectionable;
 - How the school will provide access to student records;
- Parents must be notified if a school administers a survey requesting sexual information, mental health information, medical information, information on health-risk behaviors, religious information, information of political affiliation, or any other information that the school board deems to be sensitive in nature or a survey requesting students provide information relating to drug, vape, alcohol, or tobacco use. Parents have a right to request, review, and exempt their child from such surveys.

NEW HAMPSHIRE

[N.H. Stat. § 189-B:4](#)

- All parental rights are reserved to the parents of a minor child in this state without obstruction or interference from any school including opting out of health or sex education, to be advised of and have the right to opt the minor child out of any nonacademic survey or questionnaire, and to access and review all medical records of their minor child maintained by a school or school personnel, unless otherwise prohibited by law.

NORTH CAROLINA

[N.D. Cent. Code §14-09-32](#)

- Each parent of a child has the right to access and obtain copies of the child's educational and medical records.
- It is the public policy of the state that a parent retains the right and duty to exercise primary control over the care, supervision, upbringing, and education of the child.

NORTH DAKOTA

[N.D. Cent. Code §14-09-32](#)

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It is the public policy of the state that a parent retains the right and duty to exercise primary control over the care, supervision, upbringing, and education of the child.

OHIO

[OH ST § 3313.473](#)

- The parent has a fundamental right to make decisions concerning the upbringing, education, and care of the parent's child.
- By July 1, 2025, each school district was required to develop and adopt a policy that:
 - Provides parents with the opportunity to review and withdraw their child from sex education,
 - Promptly notifies a student's parent of any substantial change in the student's services or monitoring related to the student's mental, emotional, or physical health or well-being, including any request by a student to identify as a gender that does not align with the student's biological sex.
 - Does not inhibit parental access to the student's education and health records,
 - Exception: Nothing in this section requires disclosure that conflicts with HIPAA or FERPA.
 - Prohibits school district personnel from directly or indirectly encouraging a student to withhold health information from a parent or discouraging or prohibiting parental notification of that information (including information concerning the student's mental, emotional, or physical health or well-being),
 - Adopts a procedure to obtain parental consent prior to providing any type of health care to the student,
 - At the beginning of the school year, notifies parents of each health care service offered at the school and the option to withhold consent or decline any specified service, and

- Prior to providing a health care service, notifies a parent whether the service is required to be provided by the school district under state law and if other options for a student to access the service exist.
 - Exceptions: Emergency situations, first aid, unanticipated minor health care services, or health care services provided pursuant to a student's IEP or 504 plan.
- Parents will be able to file a written concern regarding a parental rights violation.

OKLAHOMA

[Okla. Stat. tit. 25, § 2002](#)

- Provides a general right for parents and legal guardians to make health care decisions for their minor child, unless otherwise prohibited by law, and the right to access and review all medical and educational records.
- Any attempt to encourage or coerce a minor child to withhold information from the child's parent.

SOUTH CAROLINA

[SC Code § 59-32-36](#)

- A nurse, counselor, teacher, principal, or other official or staff at a public school must not withhold or encourage a minor to withhold from the minor's parent or legal guardian the fact that the minor's perception of his or her gender is inconsistent with his or her sex.
- A public school must immediately notify in writing a minor's parent or legal guardian if the minor asserts to any school employee that the minor's gender is inconsistent with his or her sex or requests a school employee to address a minor using a pronoun or title that does not align with the minor's sex.

TENNESSEE

[Tenn. Code § 36-8-103](#)

- Provides a fundamental right of parents and legal guardians to the "care, custody, and control" of their child, including the right to direct the child's education, health care, and mental health.
- Parents are entitled to make all physical and mental health care decisions for their child and consent to all physical and mental health care on the child's behalf.
 - Exception: If a person acts reasonably to render appropriate, non-emergency first aid to a minor appearing or represented to be sick or injured. Such non-emergency first aid includes, but is not limited to, dressing minor wounds, applying topical agents, providing fluids or ice, and performing checks to identify minor illnesses.
- Parents are entitled to access and review all health and medical and educational records of the child.
- A public employee must not withhold from a child's parent information that is relevant to the physical, emotional, or mental health of the child unless required by law to withhold such information; a public employee must not encourage or coerce a child to withhold information from their parent.
- If a parent's rights have been burdened by a government entity, they may assert that violation of this section as a claim or defense in any judicial or administrative proceeding.

TEXAS

[Tex. Educ. Code § 26.001](#)

- A parent has the right to direct the moral and religious training of the parent's child; make decisions concerning the child's education; and consent to medical, psychiatric, and psychological treatment of the child without obstruction or interference from the state or child's school.
- Unless otherwise provided by law, a board of trustees, administrator, educator, or other person may not limit parental rights or withhold information from the parent.
- At the beginning of the school year, the district must provide information about parental rights and options, including the right to withhold consent for or exempt the parent's child from certain activities and instruction.

[Tex. Educ. Code § 26.004](#)

- A parent must have the right to access all written records of the parent's child, including counseling records, psychological records, health and immunization information, teacher and school counselor evaluations, reports of behavioral patterns, records relating to assistance provided for learning difficulties, and records relating to library materials checked out by the child.

Tex. Educ. Code § 26.008

- A parent is entitled to full information regarding the school activities of a parent's child.
- School district employees that coerce a child to withhold information from their parents are subject to discipline.

Tex. Educ. Code § 26.0083

- School districts must notify parents of any change in services provided to or monitoring of the student related to the student's mental, emotional, or physical health or well-being and should encourage or facilitate a student to discuss changes in well-being with their parent.
 - Exception: Disclosure is not required if it would result in abuse or neglect.
- A school district employee may not discourage or prohibit parental knowledge of or involvement in critical decisions affecting a student's mental, emotional, or physical health or well-being.
 - Exception: This requirement does not limit an employee's ability to inquire about a student's daily well-being without parental consent.
- Before administering a student well-being questionnaire or health screening form to a student in pre-K through 12th grade, a school district must provide a copy to parents and obtain their consent.

Tex. Educ. Code § 26.009

- An employee of a school district must obtain signed written consent from a child's parent before the employee may conduct a psychiatric examination, test, or treatment (unless it is a requirement for special education) and before providing health care services, medication, or conducting a medical procedure.
 - Consent for "routine care" can be given at the beginning of the school year, rather than every time care is administered.
 - Exception: No written consent is required before verbally asking the child about the child's general well-being and nothing in this section affects the duty to report child abuse or neglect.
- The school district must provide parents with written notice of any actions the district may take involving the authorized collection, use, or storage of information during routine care.
- A school district must take disciplinary action against an employee responsible for allowing a child to participate in health care services, medication, or medical procedures without parental consent.

Tex. Educ. Code § 26.0091

- An employee of a school district may not use or threaten to use the refusal of a parent, guardian, or conservator of a child to administer or consent to the administration of a psychotropic drug or psychiatric or psychological testing or treatment of the child as the sole basis for making a report of neglect (unless the employee has cause to believe that the refusal presents a substantial risk of death or bodily harm to the child or has resulted in an observable and material impairment of the child).

Tex. Educ. Code § 26.010

- A parent is entitled to remove their child temporarily from a school activity if it conflicts with the parents' religious or moral beliefs, and the parent presents or delivers to the teacher of their child written opt-out notification.

Tex. Educ. Code § 26.011

- Each school district must adopt a grievance process under which the board must address complaints of parental rights violations.

- Each school and each local governing board must ensure that no policy or action of the school operates to shield a student's education record from the student's parent or interferes with a parent's fundamental right to direct their child's education and their right to freedom of access to information regarding the parent's child.
- A school may not prohibit parents from accessing their child's education record unless otherwise prohibited by law.
- A school cannot make changes to a student's record regarding a student's gender identity that does not align with the student's sex without written parental consent.

WASHINGTON

[Wash. Rev. Code § 28A.605.005](#)

- Parents have a right to review and request their child's education records, including records of attendance and of academic work completed, records of achievement and results of evaluative tests, disciplinary status, test protocols, and individualized education programs.
 - Education records do not include records that are kept in the sole possession of the maker, are used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record.
- The parent/guardian must receive written notice and the option to opt out of any surveys or evaluation that reveals information about student's sexual experiences or attractions, family beliefs and political affiliations, mental health or psychological problems of the child or their family, religious practices, income, and legally protected relationships.
- The parent must receive written notice and have the power to opt their child out of comprehensive sexual health education.

WEST VIRGINIA

[WV. Stat. §49-12-4](#)

- All parental rights are reserved to the parent of a minor child in this state without obstruction or interference from the state including the right to direct the education and care of his or her minor child, the right to access and review all school records relating to his or her minor child, and the right to make health care decisions for his or her minor child, unless otherwise prohibited by law.

WYOMING

[Wyo. Stat. § 21-3-135](#)

- The school district must notify a student's parent/legal guardian if there is a change in the student's education, physical, mental, or emotional health or well-being. The district must not adopt or implement any rules, policies, practices, or procedures that prohibit school personnel from notifying a student's parent or guardian from such information. The district must also not adopt any rules, policies, practices, or procedures that encourage or have the effect of encouraging the student to withhold such information from their parent/legal guardian.
- The school district must not prohibit parents or guardians from accessing any of their student's records created, maintained, or used by the school district.
- The school district must obtain written or electronic permission from parents no less than one day prior to the student participating in instruction that addresses sexual orientation or gender identity.
- At the beginning of each school year, the school district must make available any routine health care services offered at the school and provide the option for the parent or guardian to withhold consent or decline any routine specific health care services.
 - Exception: The law does not prevent school personnel from rendering first aid to a student or summoning emergency responders in case of sudden need.
- Before administering a well-being questionnaire or health screening the school district must make the materials available to the parent and obtain their consent.
- The school district must adopt procedures for a parent to make a parental rights complaint.

CONCLUSION

As school nurses navigate the evolving landscape of parental rights legislation, it is crucial to understand how these laws affect their ability to provide timely and effective care. Nurses should work proactively with school administrators to ensure that consent policies are clear and efficient, advocate for reasonable exemptions in emergency situations, and educate parents about the importance of accessible school health services. By staying informed and engaged, school nurses can help balance parental rights with the health and safety needs of students.

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SUPPORTER

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¹ 20 U.S.C. § 1232g

² 20 U.S.C. § 1232h

³ 45 C.F.R. § 164.502 (permits disclosure of a minor's protected health information to parents).

⁴ See Jeff Chamblee, *School Health Centers Undermine Parental Rights*, American Family Association (Sept. 4, 2024), <https://www.afa.net/the-stand/family/2024/09/school-health-centers-undermine-parental-rights/>; see also *Parental Rights and Education*, Parental Rights, https://parentalrights.org/understand_the_issue/current-state-parental-rights/parental-rights-public-school-access/; but see Jill Anderson, *Parental Rights or Politics?*, Harvard EdCast (Feb. 17, 2023), <https://www.gse.harvard.edu/ideas/edcast/23/02/parental-rights-or-politics>.

⁵ See 20 U.S.C. § 1232g; see also 20 U.S.C. § 1232h.

⁶ Supra, note 2.

⁷ Libby Stanford, *How a School Made Parents Central to Its Turnaround*, Education Week (April 25, 2024), <https://www.edweek.org/leadership/how-a-school-made-parents-central-to-its-turnaround/2024/04>.

⁸ See Hannah Natanson, *Trust in Teachers is Plunging Amid a Culture War in Education*, THE WASHINGTON POST (Sept. 6, 2022), <https://www.washingtonpost.com/education/2022/09/06/teachers-trust-history-lgbtq-culture-war/> and Parentalrights.org (accessed November 28, 2025), https://parentalrights.org/understand_the_issue/current-state-parental-rights/parental-rights-public-school-access/.

⁹ *Fields v. Palmdale Sch. Dist.*, 427 F.3d 1197 (9th Cir.2005), reheard en banc and affirmed, *Fields v. Palmdale Sch. Dist.*, 447 F.3d 1187 (9th Cir.2006) (holding that the due process right of parents to make decisions about their children's education does not entitle individual parents to prevent school boards from making available to students information that the boards determine to be appropriate according to their educational functions).

¹⁰ Differentiating the issues in *Fields*, the court clarified that the Meyer-Pierce right does not include the right to "restrict the flow of information" in public schools and that parents "do not have a fundamental [due process] right generally to direct *how* a public school teaches their child." *Id.* at 1190.

¹¹ *Fields* (2006) at 1189-1190 (stating that "our opinion does not in any way quarrel with or constrict the right established by those cases).

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- ¹² Fields (2005) at 1203-1204.
- ¹³ *Mahmoud v. Taylor*, 606 U.S. _____, No. 24-297 (2025).
- ¹⁴ Cory Turner, *School Principals Say Culture Wars Made Last Year “Rough as Hell,”* NPR (Dec. 1, 2022), <https://www.npr.org/2022/12/01/1139685828/schools-democracy-misinformation-purple-state>;
- ¹⁵ National School Public Relations Association, *From Distortion to Clarity: Empowering School Districts to Overcome False Information* (June 2024), https://www.nspr.org/Portals/0/NSPRA_MisInfoReport_Release.pdf?ver=x3VghH-3kAJeAFC_cplb1w%3d%3d.
- ¹⁶ Kansas City Star Editorial Board, “*Teachers Are Not the Enemy: Campaign Pushes Back Against “Parent Choice” Activists*,” The Kansas City Star (Jan. 25, 2022), <https://www.kansascity.com/opinion/editorials/article257655518.html>; see also Tim Walker, *What’s Causing Teacher Burnout?*, neaToday (April 7, 2025), <https://www.nea.org/nea-today/all-news-articles/whats-causing-teacher-burnout>.
- ¹⁷ Jeffrey S. Solochek, *Florida Parental Rights Law Slows School Services with Permission Slips*, TAMPA BAY TIMES (Jan. 11, 2024), <https://www.tampabay.com/news/education/2024/01/11/florida-parental-rights-law-slows-school-services-with-permission-slips/>.
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- ²² See Robin Pickering, *The Unseen Dangers of Parental Rights Legislation: A Threat to Youth Health*, Gonzaga University (Mar. 7, 2024), <https://www.gonzaga.edu/news-events/stories/2024/3/7/the-unseen-dangers-of-new-parental-rights-legislation>.
- ²³ See Robin Pickering, *The Unseen Dangers of Parental Rights Legislation: A Threat to Youth Health*, Gonzaga University (Mar. 7, 2024), <https://www.gonzaga.edu/news-events/stories/2024/3/7/the-unseen-dangers-of-new-parental-rights-legislation>.
- ²⁴ *Privacy Impacts of the Federal Parent Bill of Rights*, PUBLIC INTEREST PRIVACY CENTER (March 16, 2023), <https://publicinterestprivacy.org/2023-03-16-privacy-pbor/>.
- ²⁵ 20 U.S.C. § 1232g.
- ²⁶ 34 CFR § 99.3
- ²⁷ RCW 28A.605.005
- ²⁸ Ky. Rev. Stat. § 158.191
- ²⁹ CENTER FOR DISEASE Control, *Mental Health and Suicide Risk Among High School Students and Protective Factors – Youth Risk Behavior Survey, United States, 2023*, 4 MORBIDITY AND MORTALITY WEEKLY REPORT 79 (2024), [https://www.cdc.gov/mmwr/volumes/73/su/su7304a9.htm#:~:text=YRBS%20data%20from%202021%20also,time%20or%20always%20\(1\)](https://www.cdc.gov/mmwr/volumes/73/su/su7304a9.htm#:~:text=YRBS%20data%20from%202021%20also,time%20or%20always%20(1)).
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