1426B SOUTH HOUSTON BULLARD. TX 75757



P: (903) 894-6639 F: (903) 894-9291 www.bullardisd.net

February 15, 2023

Dear Parents/Guardians,

We want to share a health and safety training opportunity that is now available to students in grades 7-12.

Texas House Bill 496 Sec. 38.030 requires school districts to implement a Traumatic Injury Response Protocol in the event of a traumatic injury involving blood loss. The bill requires bleeding control kits to be stored in easily accessible areas throughout the district, with training provided to all employees. Additionally, the bill also asks districts to offer **optional** training to students in grades 7-12 to empower students to take an active role in their medical safety.

"Stop the Bleed" training, developed by The American College of Surgeons (ACS), is offered in two parts for students: 1) an online or app-based course which is then followed by 2) a hands-on course students will take at their school.

If your student is interested in completing the training, their first step is to complete the online course at:

<u>https://www.stopthebleed.org/training/online-course</u>. After completing the online course, they will need to provide a copy of the completion certificate to their assistant principal for transcript purposes.

The next step is for the student to turn in the attached parental consent form to their campus nurse in order to complete the hands-on course.

Stop the Bleed training is a valuable tool that can be used anywhere severe injuries occur, such as a vehicle crash or even a kitchen accident. Please feel free to contact your campus nurse if you have questions or need more information.

Sincerely,

John C. Jones

John C. Jones Director of Safety / Chief of Police

Jack D. Lee

Dr. Jack Lee Superintendent

## **EMPOWER TODAY - EMBRACE TOMORROW**



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## Return this Permission slip after completing the online course

STUDENT NAME: \_\_\_\_\_

Online Course completion date: \_\_\_\_\_

Parents please sign and date this form if you grant Bullard ISD permission to train your child on how to promote bleeding control according to the American College of Surgeons.

**\*\*\*** You do not need to return this form if you do not grant Bullard ISD permission to train your child on how to promote bleeding control. **\*\*\*** 

Today's Date: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_

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

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