Leon County Schools 2017-2018 EMERGENCY & MEDICAL INFORMATION

STUDENT INFORMATION	To be completed by Pare	nt/Guardi	an only. Use p	en.			
School_							
					_	<u> </u>	_
Student's Legal Last Name	Student's Legal Fi	rst Name	MI	Nickname	Birth Date		
		<u> </u>	0 110 11 11		Transporta After School Care	tion from School	
Grade Homeroom Teacher/First	Period Sex/Race	Student	Social Security N	lumber	Car Pick Up Van Carpool		
Address	City	/_	/_ State	Zip	Walk's With		
Addicas	Oity		Otate	Σip	Bike Drive		
Mailing Address (If different from reside	nce address above)				Bus # Day Care Name_		
PARENT/GUARDIAN INFORMATI	·				Day Care Harrie		
TAKEN TOO AKDIAN IN OKMATI							
Mother's Name	Place of Employme	(h ent)	(w)	Phone numbers	_(c)	
		(h)		Phone numbers	_(c)	
Father's Name	Place of Employme)_	(w)	Phone numbers	(c)	
Guardian's Name (if applicable)	Place of Employme	ent	//		Phone numbers	_(0)	
STUDENT LIVES WITH: Both F	Parents (same address)	□Moth	er □ Fatl	her 🗖 O	ther		
CUSTODY:	· · · · · · · · · · · · · · · · · · ·						ু ≥
(List any special custody arrange	ements. Appropriate legal o	locumentat	ion must be on	file in a student	's cumulative fol	der)	ast or O:
Siblings at this school:							↑Last Name, For Office Use
DOCTOR AND INSURANCE INFO	RMATION						me, Use
					formation regardin urance to assist us		, Only.
			emergency.				
Doctor's Name		Address		Teleph	none Number		
Specialist Doctor's Name		Address			one Number		
•			☐ Medicaid	•			→
	HEALTH INSURANCE: Healthy Kids Acct# Medicaid ID # Policy						
☐ Children's	s Medical Services Name o						First
☐ None at the	nis time.						Nam
HEALTH CONDITIONS (Diagnose	ed by a healthcare provide	der)					
☐ ALLERGIES (specify severity below)	☐ ASTHMA		RES/EPILEPSY	☐ DIABETES	☐ ADD	Medication Req	uired?
☐ insects ☐ medicine ☐ food ☐ other	☐ Mild☐ Moderate	Date of	last seizure		IPump IPen	☐ Home ☐ Sc	chool
☐ food ☐ other	☐ Severe			_			
☐ Requires EpiPen☐ Requires Benadryl/antihistamine	☐ Requires medication/inhaler	☐ Require	es Diastat	☐ Type 2	☐ ADHI	D Medication Re ☐ Home ☐ S	•
- Required Bernaury variation and	available at school			B 1,700 E		B TIOING B C	
☐ Anemia	☐ Hearing Impairment		☐ Nosebleeds			splant (specify be	
☐ Arthritis	☐ Hemophilia ☐ Physical Impairment ☐ Urological Condit						S
☐ Cancer (specify below) ☐ Cerebral Palsy	 ☐ Heart Disease/Murmur (specify below) ☐ Pregnancy ☐ Other (specify below) ☐ High Blood Pressure ☐ Psychological Disorder (specify below) ☐ Religious Restrictions 						
☐ Cystic Fibrosis	☐ Hypoglycemia ☐ Scoliosis ☐ ESE (specify below)						
☐ Ear Infections (repeated) ☐ Emotional Difficulties (specify below)	☐ Kidney Disease☐ Leukemia		☐ Sickle Cell☐ Sickle Cell☐		(exce	(exceptional student education)	
☐ Gastrointestinal Condition	☐ Muscular Dystrophy		☐ Skin Condit	tion (specify below)) 🗖 Non	e Known	
☐ Headaches (specify below)	☐ Motor Impairment		☐ Speech Imp	pairment			
Religious restrictions (specify): Specify severity of health conditions	Specify restrictions on seting	vity and an	v accommodatio	one needed whi	la at school:		
opecity severity of nearth conditions,	opecity restrictions on activ	vity and any	y accommodatio	ons needed WNI	ic at 5011001.		
List all medications (prescription a	and non-prescription, inclu	ıding "as n	eeded" and en	nergency meds	s) that student ta	akes	
AT HOME:							
AT SCHOOL:							

↑Last Name, For Office Use Only

↑ First Name

HEALTH SCREENINGS

The Leon County Health Department and Leon County Public Schools coordinate annually to provide state mandated health screenings for students in Leon County Schools. Health screenings may help identify the need for further evaluation. Florida law requires that parents be informed in writing at the beginning of each school year that children will receive such services. **This serves as that notification.**

If no box is checked, your child will be screened.

HEALTH SCREENING DESCRIPTIONS

<u>Vision and Hearing</u>: Identifies possible vision and hearing problems using a standardized procedure. **Scoliosis**: Observes for possible abnormal curvature of the spine while wearing everyday clothing.

Body Mass Index: Measures height and weight to calculate Body Mass Index (BMI) while wearing normal clothing without shoes.

The BMI calculation tells us if a child is in the normal range for height and weight, or is outside the norm and has increased potential to develop certain chronic diseases during childhood or adulthood.

HEALTH SCREENING TYPE

GRADE(S)

Vision
Hearing
Scoliosis (Abnormal curvature of the spine)
Rody Mass Index (Height and Weight)

Grades K, 1, 3 & 6 Grades K, 1 & 6 Grades 6 Grades 1, 3 & 6

	Body Mass Index (Height and Weight)			ıme		
∣do <u>no</u>	t_want my child to par	ticipate in the following h	ealth screenings (c	heck all that apply	/):	
_ _ _	Vision Screening Hearing Screening Scoliosis Screening Body Mass Index					
	→	Parent Signature				
		-				
EMER	GENCY CONTACT	S and PARENTAL CO	DNSENT			
	on to contact one or mor				ool is unable to contact me, I herely ny child during my absence. (Mus	
1 Name	1	Relationship	/ 3 Telephone	Name	/ Relationship	Telephone
2	/		/ 4		1	/
Name		Relationship	Telephone	Name	Relationship	Telephone
permissi for injui	ion for my child to be trar ries and emergencies.	sported by Emergency Med	ical Services to the hosponsible for any and	ospital and given the all related charges.	ase of an emergency, I hereby give e necessary treatment. All studen t I understand that it is the parent's	ts will receive care
Parent/Guardian Signature					Date	
below you Administ pay a sh out of po	ou are giving Leon Count tration in order to verify Nare of the cost for servic pocket expenses for these	y Schools permission to util Medicaid eligibility. In addition es provided as referenced in	ize information contain on, you are giving perr n the child's Individual child's Medicaid eligik ccept what has been r	ned on this form that mission for Leon Co Educational Plan (i bility status. Any pe	es in clinics throughout the school of tis required by the Agency for Heaunty Schools to access your child's f applicable). At no time will you be resonally identifiable information about	alth Care s public benefits to e required to incur
		raienvouardia	n Signature		Date	