



School District of Indian River County

6500 57th Street • Vero Beach, Florida, 32967 • Telephone: 772-564-3000 • Fax: 772-564-3054

Emergency Contact Information Health & Wellness Form School year 20__ to 20__ FOR HEALTH ROOM USE ONLY

School _____ Student's ID# _____

Student's Legal Name (print) _____

Student's Date of Birth _____ Student's Grade _____

Parent/Guardian: Name _____ Relation _____

1st Phone # _____ 2nd Phone# _____ Email Address _____

Parent/Guardian: Name _____ Relation _____

1st Phone# _____ 2nd Phone# _____ Email Address _____

Emergency Contact: Name _____ Authorization to Pick up: Yes No

Relation _____ 1st Phone# _____ 2nd Phone# _____

Emergency Contact: Name _____ Authorization to Pick up: Yes No

Relation _____ 1st Phone# _____ 2nd Phone# _____

Medical Diagnosis: _____

All current medical diagnosis/conditions and activity restrictions require documentation from the student's licensed health care provider each school year. Please see the school Health Assistant for the required forms. It is the parent's responsibility to provide the required medical documentation to the school district.

Allergies: _____

Healthcare Providers name _____ Phone # _____

Health Screening: Vision, hearing, BMI and/or scoliosis, are provided to students in accordance with state mandates.

Check the box at if you **DO NOT** want your student to participate in health screenings.

The above information is accurate and will be shared on a need to know basis verbally/written/electronically. I acknowledge that it is my responsibility to inform school of all changes. In the event of an accident/illness, attempts to notify custodial / emergency contacts will be made. If contact attempt is unsuccessful, after a reasonable time, the school is authorized to handle the emergency as trained and directed under Florida Statute FS743.064."

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____