



Emergency Contact Information for School Health & Wellness Form 2017-2018

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 _____

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

Parent/Guardian: Name _____ Relation _____

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

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# _____

Current Medical Diagnosis/Conditions _____

List all medications your student takes at school:

List all allergies _____

Are there any limitations on physical activities? Yes No

Activity restrictions require written direction from the student's doctor.

<p>Health Screenings: vision, hearing, BMI and/or scoliosis, are provided to students in accordance with state mandates.</p> <p><input type="checkbox"/> Initial the box at left only if you DO NOT want your student to participate in health screenings.</p>
<p><input type="checkbox"/> Initial box only if you DO NOT authorize the School District of Indian River County, Florida to release and exchange your child's confidential information to agencies of the State of Florida which would allow Indian River County Schools to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on your child's individual education plan (IEP) and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent.</p>
<p>"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."</p>

Parent Name: _____

Parent signature: _____ Date: _____