

Student Name _____ **DOB** _____ **Sex** _____
(last) (first) (middle initial)

Home Address _____ Home Phone _____

Mailing Address (if different from home address) _____

Current School _____ Grade (2012-13 school year) ____ Teacher _____

Do not complete the shaded area – school personnel will fill in

Previous School _____ City _____ State _____

Mother/Guardian Name _____ Home Phone _____ Cell Phone _____

Work Hours: from ____ to ____ Work Phone _____ Email Address _____

Father/Guardian Name _____ Home Phone _____ Cell Phone _____

Work Hours: from ____ to ____ Work Phone _____ Email Address _____

Primary language spoken at home _____

Provide the information below for 3 persons you give permission to transport your child (identification will be required):

	<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Day Work Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Is child enrolled in Medicaid? Children Medical Services? Other? _____

Allergies (please specify) _____ Wears Glasses Wears Contacts

Other Health Concerns / Special Instructions / Required Medications, etc. _____

Custody Alert _____

Health Emergency Card

(PLEASE FILL OUT BOTH SIDES OF THIS CARD)

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Health Emergency Card

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THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
HEALTH EMERGENCY INFORMATION CARD 2012-13 PARENTAL CONSENT

The Health Services Plan makes provision for health record, nursing consultation, emergency care treatment and non-invasive screening (i.e., hearing, vision, scoliosis, height & weight measurement). Any parent wishing to opt their child out of a screening must do so in writing. Temperature screening will be done if deemed necessary. A limited number of topical medications, as have been approved by school district policy and listed in the School Health Services Manual, may be used in the health room. Parent/guardian has the responsibility of listing any allergies on the reverse side of this card.

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to contact the appropriate emergency medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where (s)he is unable to remain at school, I request that the school contact me or my designee to arrange transportation for my child. If the school is unable to contact me, I request that one of the other persons listed on this card be contacted and requested to care for my child. In the event no person designated on this card is available, emergency medical services may be contacted for further assessment and possible transport and treatment. I understand that I must notify the school if there are any changes in this health emergency information.

I understand that certain educational records of my child will be shared with the District's health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such records.

Date _____ Parent/Guardian Signature _____

(PLEASE FILL OUT BOTH SIDES OF THIS CARD)

The School Board of Sarasota County, Florida complies with State Statutes on Veteran's Preference and Federal Statute on non-discrimination on the basis of race, color, sex, religion, national origin, age, handicap, disabilities, marital status, or sexual orientation.

RET: Master, ES + 1
Dupl., OSA

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Rev. 11-29-2011

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