



Student Information Update Sheet - Health Services

Student Name: _____ Date of Birth: _____ Student Id: _____

Please complete and return form to school. This information may be provided using the Parent Portal instead.

Permission/Consent Area	Selection	Description
Nursing Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Performance of a nursing (RN) assessment of student health needs. For day-to-day and emergency care of students with chronic and/or complex health conditions at school, the RN develops an individualized health care plan (IHP) and Emergency Care Plan (ECP). Statutes: <u>F.S. 381.0056(4)(a)(3)</u> . Rules: <u>64F-6.001(6)</u> , <u>F.A.C. 6A-6.0253</u> , <u>F.A.C.</u>
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial treatment and services for minor illnesses and injuries such as minor cuts, scrapes, insect bites, bloody noses, headaches, upset stomach, etc.
Emergency Health Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Onsite evaluation, management, and aid for illness or injury pending the student's return to the classroom or release to a parent, guardian, designated friend, law enforcement officer, or designated health provider. This includes use of life-saving activities such as CPR (cardiopulmonary resuscitation) and AED (automated external defibrillator). Important Note: Emergency services will be provided to all students according to the emergency guidelines identified in the Florida Department of Health's Emergency Guidelines for Schools (2019 Florida Edition). Statutes: <u>F.S. 381.0056(2)(a)</u>
Health Appraisals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Determination of the health status of students. Statutes: <u>F.S. 381.0056(4)(a)(1)</u>
Nutrition Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification of students with nutrition-related problems and possible reference to an appropriate health care provider. Statutes: <u>F.S. 381.0056(4)(a)(4)</u> . Other: <u>Florida School Health Administrative Resource Manual, 2017</u>
Prevention Dental Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provision of services such as oral health education, screenings and referrals, dental sealants, fluoride varnish and/or fluoride rinse as appropriate. Statutes: <u>F.S. 381.0056(4)(a)(5)</u>
Health Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provision of health counseling as appropriate. Statutes: <u>F.S. 381.0056(4)(a)(10)</u>
Health Consultations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consultations with parents/guardians, students, staff, and physicians or other specialists regarding student health or suspected health issues. Statutes: <u>F.S. 381.0056(4)(a)(15)</u> . Rules: <u>64F-6.001(1)</u> , <u>F.A.C.</u>
Vision Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic testing of visual acuity. Statutes: <u>F.S. 381.0056(4)(a)(6)</u> . Rules: <u>64F-6.003(1)</u> , <u>F.A.C.</u>
Hearing Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic testing of auditory acuity. Statutes: <u>F.S. 381.0056(4)(a)(7)</u> . Rules: <u>64F-6.003(2)</u> , <u>F.A.C.</u>
Growth and Development Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic measurement of a student's height and weight to identify abnormal growth and development. Statutes: <u>F.S. 381.0056(4)(a)(9)</u> . Rules: <u>64F-6.003(2)</u> , <u>F.A.C.</u>
Scoliosis Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic screening to determine whether the student has any indicator of a curvature of their spine that may warrant further examination by a qualified individual. Statutes: <u>F.S. 381.0056(4)(a)(8)</u> . Rules: <u>64F-6.003(4)</u> , <u>F.A.C.</u>

Limitation: The brief description of each school health service identified herein is not intended to serve as a comprehensive, all-inclusive explanation of the scope of each health service. These brief descriptions, and the applicable legal references, are being offered to provide general guidance as to what each school health service may include. If you have specific questions regarding any of the school health services identified herein, please contact your school before completing the Health Services Permission/Consent Form.

I give consent for my child to participate or not participate in school health services, which may include requested or gravel-level mandated screenings, as indicated above.

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date