



Emergency Contact Information for School Health & Wellness Form 2019-2020

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.

Check the box 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.

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: _____