

### NON-PRESCRIPTION MEDICATION

To assist the parents when their student is injured or ill, the Franklin County Health Department in partnership with the Franklin County School Board, have approved the use of Acetaminophen/ Tylenol (dose appropriate for students 6 years and older) for treatment of minor pain, fever, cramps, muscular discomfort.

- ☐ I request the above products be made available to my child if needed. My child has no known allergies to the above products
- OR**
- ☐ I **DO NOT** want my student to receive any of the above products

### STUDENT HEALTH SCREENINGS

The Florida Department of Health in Franklin County and Franklin County Public Schools cooperate annually to provide state mandated health screenings for students in specific grades in Franklin County schools. Health screenings may help identify the need for medical care.

If a suspected health problem is identified, you will be notified in writing and advised to seek medical care. Florida law requires that parents be informed in writing at the beginning of each school year that children will receive such services.

The health screenings for specific grades are as follows:

SCREENING***	GRADES(S)
Vision/Hearing/Growth & Development	K, 1, 3 & 6
Scoliosis (Abnormal curvature of the spine)	6

**\*\*\*New Students K-5 will be screened in vision, hearing, growth and development.**

- ☐ I want my student to participate in all health screenings offered for his/her grade level.
- OR**
- ☐ I **DO NOT** want my student to participate in the following health screenings:
- ☐ Hearing Screening                      ☐ Vision Screening
- ☐ Scoliosis Screening (Abnormal curvature of the spine)
- ☐ Growth and Development/Nutrition Screening (Body Mass Index Screening)

### Screening Descriptions

**Vision and Hearing:** These screening procedures determine the ability of your child to see and/or hear as well as most children of the same age.

**Scoliosis:** This visual check is designed to check for abnormal curvature of the spine while wearing everyday clothing.

**Growth & Development:** This screening determines your child's height, weight and Body Mass Index (BMI) wearing normal clothing without shoes. The BMI calculation tells us if a child is in the normal range for height and weight, or is outside the norm and has increased potential to develop certain chronic diseases during childhood or adulthood.

### CONSENT AND EMERGENCY AND PRIVACY INFORMATION

**Child Pickup/Emergencies:** Should my child become ill or injured during the school day and the school is unable to contact me, I hereby give the school permission to contact one or more of the persons listed on the Transportation and Pick Up Authorization Form to pick up my child at school and care for my child during my absence. (Must be at least 18 years of age.) **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THOSE PERSONS LISTED.**

In case of accident or serious illness during the school day, I request that the school contact me. In case of an emergency, I hereby understand and authorize that my child's medical records or other medical information, furnished to the school, will be shared with school officials and emergency personnel who have a legitimate purpose for accessing such information. I give my authorization and consent to this school to obtain emergency medical care and necessary emergency transportation to a healthcare facility. I understand that I will be responsible for any and all related charges. I understand that it is the parents'/guardians' responsibility to notify the school of any changes in this information throughout the school year.

I approve emergency treatment by the hospital physician and/or qualified medical technician for my child while participating in school related trips and any extracurricular activities in or out of Franklin County, Florida. This form is carried to all extracurricular functions and is readily available in the event it is needed by emergency personnel.

The Franklin County Health Department in partnership with Franklin County School Board, have also approved the use of Epinephrine auto-injector for anaphylaxis (a severe, potentially life-threatening allergic reaction).

**CONSENT:** I give my consent for the above student to receive first aid for minor accidents, injury and illness, and to participate in physical examinations, and health education. I have marked my decision by the selections above: Non-prescription medication (Acetaminophen/Tylenol) and school health screenings. Epinephrine auto injector for anaphylaxis (a severe life-threatening allergic reaction) and request it be available to my child if needed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Original: School Clinic

Copy: Classroom Teacher

Copy: Easy Access File

Copy: Data Entry