



Annual Student Emergency Information Card for School Year 2020-21 Including Available Health Screenings



THIS CARD MUST BE COMPLETED BY PARENT/GUARDIAN AND SIGNED EACH SCHOOL YEAR
Please notify the school immediately if any of the following information changes during the year

Teacher:	Student ID #:	Grade:	Reviewed by:	Focus Updated (Date):
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Please provide all information below (print), even if there are no changes since last year.

Student's Legal Name: Last:		First:	Middle:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____	Student Transportation: <input type="checkbox"/> Rides bus <input type="checkbox"/> Car rider	
Does student live with: <input type="checkbox"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father		If student does not live with parent(s), name/relationship of guardian: _____	
Student's Home Address:		City:	State/ Zip code:

Names of Adults Authorized to Pick Up Student in Case of Emergency

Contact 1
*Mother/Guardian
Cell Phone
Work Phone
Email:

Contact 2
*Father/Guardian
Cell Phone
Work Phone
Email:

Contact 3
Cell Phone
Work Phone
Relationship:

Contact 4
Cell Phone
Work Phone
Relationship:

Contact 5
Cell Phone
Work Phone
Relationship:

*If the determination of custody / guardianship is court-ordered, please provide a copy of the Order.

Student Health and Medical Information

Does your child have any of the following health conditions? Please check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma (medication needed at school) | <input type="checkbox"/> Allergy (Epi-pen required) | <input type="checkbox"/> Diabetes (Type 1) |
| <input type="checkbox"/> Asthma (no medication at school) | <input type="checkbox"/> Allergy (No Epi-pen) | <input type="checkbox"/> Diabetes (Type 2) |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Cancer | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Wears glasses |
| <input type="checkbox"/> Other _____ | _____ | |

Comments: _____

Medication

Does your child require regular or emergency medication at school? No Yes If yes, specify: _____

A **completed and signed Medication Authorization form** must be submitted to the school if medication is required.

This form is available at: <http://www.collierschools.com/HealthForms>

Reviewed by:	Date:	Actions: _____
Name of Child's Physician:		Phone Number:
Name of Child's Dentist:		Phone Number:
Is your child covered by: <input type="checkbox"/> Private Insurance <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance		

**PLEASE COMPLETE IMPORTANT INFORMATION ON REVERSE SIDE AND
RETURN SIGNED CARD TO CHILD'S SCHOOL**



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Section I. Notification of Health Services to be provided: The District School Board of Collier County (CCPS) provides health services to students in partnership with: Florida Department of Health, Collier County, (DOH-Collier), NCH Healthcare System, Inc. (NCH), the Ronald McDonald Care Mobile, Florida's Vision Quest, (FVQ), University of Florida College of Dentistry, (UF), and Florida Heiken Children's Vision Program (Heiken). The partners are required by law to maintain the privacy of your child's protected health information. Immunization information required for school attendance may be shared between CCPS and DOH-Collier.

Screenings will be provided as listed below. Students that are new to the state and students referred by teachers will also receive vision and/or hearing screening by DOH-Collier, FVQ, or the NCH school nurse. If vision screening shows a need for a follow-up vision examination, and if your child is eligible, or otherwise financially qualified, FVQ or Heiken may provide this examination at no charge, on the school campus. The examination, by a licensed optometrist, may include dilation and refraction. Glasses will be provided, if needed, free of charge. The results of these vision screenings and vision examinations will be shared with designated CCPS employees, NCH school nurse, DOH-Collier, and FVQ partners. UF will provide dental screening of all students in grade 3. Parents will be informed of screening results. CCPS staff or District partners will provide follow-up services when indicated.

Health Screenings to be performed:

Screening	Grades	Schools
Vision (FVQ)	K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 11	Avalon, Eden Park, Estates, Golden Gate Elementary, Golden Terrace, Highlands, Lake Trafford, Lely Elementary, Manatee Elementary, Mike Davis, Palmetto, Parkside, Pinecrest, Poinciana, Shadowlawn, Village Oaks, East Naples, Everglades City, Golden Gate Middle, Immokalee Middle, Immokalee Community School, Manatee Middle, Golden Gate High, Immokalee High, Lely High, Lorenzo Walker Technical High
Vision (DOH-Collier)	K, 1, 3, 6	Big Cypress, Calusa Park, Corkscrew Elementary, Lake Park, Laurel Oak, Naples Park, Osceola, Pelican Marsh, Sabal Palm, Sea Gate, Tommie Barfield, Veterans Memorial, Vineyards, Corkscrew Middle, Cypress Palm, Gulfview, North Naples, Oakridge, Pine Ridge, Gulf Cost Charter, Mason Classical Academy, Marco Charter Middle, Marco Island Academy, Collier Charter
Hearing (DOH-Collier)	K, 1, 6	All elementary and middle schools
Height/Weight (DOH-Collier)	1, 3, 6	All elementary and middle schools
Scoliosis (DOH-Collier)	6	All middle schools
Dental (UF)	3	All elementary schools

If you **do not** want your child to receive these services, you must notify the school in writing of the specific services that are being declined prior to the screening date(s) at your child's school. For more information, visit the district website at: <http://www.collierschools.com/HealthScreening>

Section II. Parental Responsibilities/Authorizations: Parent is responsible to notify the child's school of any changes of home address and/or phone number. EMS (911) will be called in the event of a serious accident or illness warranting evaluation and/or transport. Parent will be responsible for payment for EMS services. In case of an accident or illness for which immediate treatment is not needed, but child is unable to remain in school, the school will make every effort to contact the parent(s)/guardian(s). If unable to reach a parent or guardian, parent authorizes that the person(s) listed on this card may be contacted to pick up and/or care for my child.

Section III. Medicaid Notification and Consent: If my child is covered by Medicaid and receives services under an Individual Education Plan (IEP), information may be used by the District to bill Medicaid for the following: transportation, behavioral or health services (occupational, physical, speech-language therapy, nursing, and augmentative services) as established on the IEP. IEP services are provided at no cost, regardless of consent. Parental consent may be withdrawn at any time. Any billing authorization records disclosed are available upon request. If my child is covered by Medicaid and receives services under an IEP, I consent for the District to bill Medicaid for those services provided.

Section IV. Parental Certification: I certify that the above emergency contact and health information is true and accurate to the best of my knowledge. If my child has a health condition that may require management while he/she is in school, I will inform the school principal and/or school nurse of the health condition(s) and discuss a plan of care. I understand and agree that information contained on this card, including contact information for follow-up of potential health conditions may be shared with appropriate school staff, school partners, school after-school programs, and health care professionals according to the Health Insurance Portability and Accountability Act (HIPAA).

Section V. Photo/Website Posting Release: From time to time, photos will be taken of students and student activities. GCCAS reserves the right to use photos for classroom websites, news releases, posting on the school's website and the school's Facebook page, the yearbook, school-related video's, slide show presentations, and other marketing purposes. These photos or website postings may include a child's first name and school work. Your child's last name or personal information will NEVER be included in photo's or website postings. The main purpose of our website is to improve communication between school and home and to celebrate student accomplishments throughout the year. I certify for GCCAS to use my child's photo, first name, videos and school work as described. To deny permission for Section V. initial here _____

Student Name: _____ ID #: _____ Grade: _____

_____ Print Name of Parent/Guardian _____ Signature _____ Relationship _____ Date

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