

**Wakulla County School District
2014-2015 Enrollment Packet/Emergency and Medical Form**

Student Information

To be completed by Parent/Guardian only. Use pen.

School _____

Student's Legal Last Name _____

Student's Legal First Name _____

MI _____

Nickname _____

Birth Date _____ / _____ / _____

Age _____

Grade _____

Homeroom Teacher/First Period _____

Sex/Race _____

Student Social Security Number _____

Address/City/State/Zip _____

Mailing Address (If different from residence address above) _____

Parent/Guardian Information

Mother's Name _____

Place of Employment _____

(h) _____ (w) _____ (c) _____

Phone numbers _____

Father's Name _____

Place of Employment _____

(h) _____ (w) _____ (c) _____

Phone numbers _____

Guardian's Name (If Applicable) _____

Place of Employment _____

(h) _____ (w) _____ (c) _____

Phone numbers _____

STUDENT LIVES WITH: Both Parents (same address) Mother Father Other _____

CUSTODY: _____

(List any special custody arrangements. *Appropriate legal documentation must be on file in a student's cumulative folder*)

RELIGIOUS RESTRICTIONS/SPECIFY: _____

Health Conditions / Insurance/ Doctor Information

***It is important that you provide information regarding your child's health conditions and health insurance. This information will assist us in the case of an emergency. If an application is not included with this form and you would like one sent to you, you can contact your clinic for more information.

Doctor's Name _____

Address _____

Telephone Number _____

HEALTH INSURANCE: Healthy Kids Acct# _____ Medicaid ID # _____

Other Insurance _____ Policy # _____ None at this time

Children's Medical Services: Yes No If yes, name of case manager: _____

HEALTH CONDITIONS:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Allergy to insects
-specify severity below | <input type="checkbox"/> Cancer -specify below | <input type="checkbox"/> Heart Disease/Murmur
-specify below | <input type="checkbox"/> Psychological Problems
-specify below |
| <input type="checkbox"/> Allergy to medicine
-specify severity below | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hernia - specify below | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Allergy to food
-specify severity below | <input type="checkbox"/> Diabetes (Type __) | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sickle Cell disease |
| <input type="checkbox"/> Allergy to other
-specify severity below | <input type="checkbox"/> Drug Dependency
-specify below | <input type="checkbox"/> Hyperactivity (ADD; ADHD) | <input type="checkbox"/> Sickle Cell trait |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Ear Infection/Repeated | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy/Seizures
(date of last seizure _____) | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Transplant
-specify below |
| <input type="checkbox"/> Arthritis -specify below | <input type="checkbox"/> Gastrointestinal Condition | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Urological Conditions |
| <input type="checkbox"/> Asthma:
(requiring treatment at school) | <input type="checkbox"/> Headache
-specify type below | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Visual Correction Glasses |
| | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Motor Impairment | <input type="checkbox"/> Visual Correction Contacts |
| | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Visual Problems- specify |
| | | <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Other -specify below |
| | | <input type="checkbox"/> Pregnancy | |

Specify severity of health conditions/Specify restrictions on activity and any accommodations needed while at school:

List all medications (prescription and non-prescription, including "as needed" and emergency meds) that student takes AT HOME OR SCHOOL:

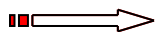
****TURN FORM OVER TO COMPLETE – Signatures Needed on Back****

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 following persons to pick up my child at school and care for my child during my absence. *(Must be at least 18 years of age.)*

(1) Name	Relationship	Telephone	(2) Name	Relationship	Telephone
(3) Name	Relationship	Telephone	(4) Name	Relationship	Telephone

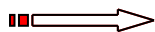
In case of accident or serious illness during the school day, I request that the school contact me. In case of an emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and given the necessary treatment. I understand that I will be responsible for any and all related charges. I understand that it is the parent's/guardian's responsibility to notify the school of any change in this information throughout the school year.



Parent/Guardian Signature

Date

I give permission for the information on this form to be reviewed and utilized by Wakulla County Schools and Wakulla County Health Department staff to assist in the provision of school health services. Wakulla County Schools utilizes Medicaid reimbursement funds to provide health care services to students in the district. In order to determine which students are Medicaid eligible we must be able to provide certain information about students to the Agency for Health Care Administration's fiscal agent. In addition, the process of identifying currently Medicaid eligible students will assist us in our efforts to ensure that all students in Wakulla County Schools have healthcare coverage. Any personally identifiable information about your child will not be disclosed to any other organization for any purpose except what has been noted above. By signing below you are giving Wakulla County Schools permission to utilize information contained on this form to verify which students are/are not Medicaid eligible. Eligibility for Medicaid does not in any way affect the services your child receives at school. In addition, if your child is Medicaid eligible and has medical and/or mental health services on his/her Individualized Education Plan, you are giving permission for Wakulla County Schools to request reimbursement for the federal share of providing these services.



Parent/Guardian Signature

Date

Health Screenings

The Wakulla County Health Department and Wakulla County Public Schools cooperate annually to provide state mandated health screenings for students in specific grades in Wakulla 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. If no box is checked, the student will be screened.

The health screenings for specific grades are as follows:

SCREENING	GRADE(S)
Vision	Grades K, 1, 3 & 6
Hearing	Grades K, 1 & 6
Scoliosis (Abnormal curvature of the spine)	Grades 6
Growth and Development/Nutrition	Grades K thru 8

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:

- Vision Screening
- Hearing Screening
- Scoliosis Screening (Abnormal curvature of the spine)
- Growth and Development/Nutrition Screening (Body Mass Index Screening)



Student Name

Parent Signature

Date

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.