



# PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES 2024-2025



Student Name \_\_\_\_\_ School \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

## WHAT IS THE SCHOOL HEALTH SERVICES PLAN?

This School Health Services Program is designed to appraise, protect and promote the health of our students as well as provide preventive and emergency school-based health services in accordance with the Whole School, Whole Community, Whole Child (WSCC) model and the School Health Services Plan for Bay County.

## ESSENTIAL School Health Services & Screenings

Florida Statute 381.0056 mandates regular health screening to public school students. The screenings include **vision, hearing, height and weight, Body Mass Index (BMI) and scoliosis (6<sup>th</sup> grade only)**. Vision exams provided by a Florida Board Certified Doctor of Optometry for all vision screening failures.

\_\_\_\_\_ **Yes, I agree to all essential screenings**

\_\_\_\_\_ **No, I decline all essential screenings**

\_\_\_\_\_ **Yes, to all except:** \_\_\_\_\_

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **School Health Room Services**

- Basic First Aid Services
- Assist student with physician ordered medical administration (BDS permission form required)

*The above consent statements will remain in effect until the parent/legal guardian submits a new School Health Services Consent form.*

## ADDITIONAL BDS School Health Services

The following health care services are also available through the District's health care partner, PanCare of Florida, Inc. Please indicate your choice for each **optional** service.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **School Physicals**

- Physicals provided by a Florida Licensed Medical Provider

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Preventative Dental Services**

- Dental exams provided by a Florida Licensed Dentist
- Dental cleanings provided by a Florida Licensed Dental Hygienist
- Dental sealants applied to molars as needed by a Florida Licensed Dental Hygienist

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Vision Care Program**

- Eye exams provided by a Florida Board Certified Doctor of Optometry
- If prescribed, opportunity to order eyeglasses at a discount
- Eyeglass fitting and care instruction provided by a Florida Optician
- Annual eye exams provided, as needed

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Telehealth/Telemedicine Services**

- School health nurse connects student with PanCare (Florida Licensed) Medical Providers during a Tele Health encounter
- Diagnoses and treatment for acute illnesses and minor injuries such as strep throat, ear infections, rash, influenza, COVID 19, etc.
- If needed, the health care provider can write a prescription and send it electronically to the family's pharmacy

PRINT STUDENT'S FIRST & LAST NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

PRINT PARENT'S FIRST & LAST NAME \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_