



Health Services Program Annual Health Services Notification & Consent

In accordance with Florida Statute 381.0056, our district’s Health Services Program will offer several different services in order to promote student’s health and wellness, to enhance learning and support success.

All students will be provided with **emergency care, first aid treatment and acute care (defined as providing medical care for sudden or severe symptoms that appear, change or worse rapidly)** as deemed necessary by a nurse’s initial assessment and clinical expertise.

Each year, state and program required health screenings are performed in the following grades:

- Height and Weight (BMI) – PreK, 1st, 3rd, 6th
- Vision –Kg, 1st, 3rd, 6th
- Hearing –Kg, 1st, 6th
- Scoliosis – 6th
- Dental – 3rd

Additionally, students entering Florida schools for the first time in grades Kg-5 will be screened for vision and hearing. Individual students may be referred for screenings as needed, such as a teacher who notes that a student is having difficulty with vision. Parents will always be notified of screenings performed, and are encouraged to seek medical evaluation if problems are identified through the screening process. Results of screenings performed will be sent home, and may also be provided at parent/guardian request.

The following are health services are offered and provided to all students in the Alachua County School District. Please indicate by circling yes or no for your child to participate in each service. This consent will remain valid throughout the 2024-25 school year unless indicated in writing:

Care management for chronic health conditions (medications/treatments):	Yes	No
Individualized health care plan development:	Yes	No
Vision screening:	Yes	No
Hearing screening:	Yes	No
Height and weight (BMI) screening:	Yes	No
Scoliosis screening:	Yes	No
Dental screening:	Yes	No

Vaccines: Certain optional vaccines will also be offered at the school, such as the Flu Mist. A separate consent form will be sent home for those, and a student must have that specific consent signed for vaccine administration.

Student Name: _____ Grade: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____