



PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES 2018-19



WHAT IS THE SCHOOL HEALTH SERVICES PLAN?

This School Health Services Program is designed to appraise, protect & promote the health of our students as well as provide preventive and emergency school-based health services in accordance with our local School Health Services Plan. The School Health Services Plan is jointly developed and these services are provided by health care professionals under the direction of Bay District Schools Administration, the Florida Department of Health Bay County and PanCare of Florida, Inc.

PANCARE OF FLORIDA, INC. SCHOOL HEALTH SERVICES PROGRAM INCLUDES:

The following healthcare services are provided by PanCare of Florida, Inc., as a part of the jointly developed School Health Services Plan. I give consent to the following services (parents initial items to which you consent):

Initials: _____ Grade Specific Health Screenings (vision, hearing, height, weight, nutrition, and scoliosis)

- Florida Statue 381.0056(7)(d), mandates health screening to public school students in Kindergarten (KG), 1st, 3rd and 6th grades and for students new to the county.
- The screenings include vision, hearing, height and weight, Body Mass Index (BMI), and Scoliosis. They are offered in an effort to decrease health barriers to learning and may be performed individually or in groups.

Initials: _____ Health Support Technician Services

- Medication distribution to students by Health Support Technicians
- Basic First Aid Services

Initials: _____ School and Sports Physicals

- Physicals provided by a Florida Licensed Medical Provider

Initials: _____ 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

CONSENT TO RECORD SHARING

I understand that the healthcare services rendered by the district's health care partners (which include PanCare of Florida, Inc. and the Florida Department of Health, Bay County) and educational services rendered by the School Board of Bay County, Florida, may both be aided by those entities being able to share relevant information that might otherwise be confidential. By signing below, parent acknowledges and consents to the following:

I understand and agree that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by the health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records. I further authorize the district's health care partners to contact my child's pediatrician(s) or physician(s) to obtain personal medical information as it pertains to student health services.

I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions.

FINANCIAL RESPONSIBILITY

Initials: _____ I give my permission for PanCare of Florida, Inc. to bill my child's insurance/Medicaid for any and all services provided.

Initials: _____ I understand that if my child does not have insurance coverage for the services provided that any and all fees will be waived and that I will not be financially responsible.

PRINT STUDENT'S FIRST AND LAST NAME: _____ Date of Birth: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ Date: _____

The above consent statements will remain in effect until the parent/legal guardian informs the principal in writing of any changes.