



PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES 2019-2020



School: _____ Teacher: _____ Grade: _____

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: _____ **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

SCHOOL HEALTH SCREENINGS

Initials: _____ **Health Screenings**

- Florida Statue 381.0056(7)(d), mandates regular health screenings to public school students.
- The screenings include vision, hearing, height and weight, Body Mass Index (BMI) and scoliosis. As well as a behavioral health well-being questionnaire for students 12 years & older. They are offered in an effort to decrease health barriers to learning and may be performed individually or in groups.

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

PRINT PARENT'S FIRST AND LAST NAME: _____

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.