

Policy: Agreements



Developmental Research School
at the University of Florida

APPENDIX G

STUDENT HEALTH SERVICES CONSENT

CONSENT FOR SERVICES AND TREATMENT

I hereby give consent for my child to participate in the School Health Services Program and to receive emergency care and treatment at school if needed. Screening and appraisals for problems in the areas of vision, hearing, growth and development*, Scoliosis, and communicable diseases will be accomplished at various grade levels as part of the School Health Program. In the event of an illness or injury, the school will contact the parents/guardians and/or emergency contacts as listed for the child in Skyward. In the event of a serious illness or injury requiring immediate medical treatment, I hereby request designated school personnel to call EMS/911 for transport to the hospital designated, and consent to have the named hospital, doctors, or emergency agencies bill me for the expense incurred. In the event of an illness or injury where immediate medical treatment is NOT indicated, but where my child is unable to remain in school, I agree to arrange for my child to be picked up from school within 30 minutes of being contacted. If I am unable to be reached, I hereby consent for the school to contact my listed emergency contacts to arrange for pick-up of my child.

MEDICATION ADMINISTRATION

All student medications must be administered by the school nurse or other authorized school personnel. I agree to complete a medication authorization form and confer with the school nurse about any prescription medications and doses that need to be administered to the student during the school day. It is the responsibility of the parent/guardians to provide all over-the-counter medication that they wish to be administered. I understand that all medication must be provided in its original unopened packaging, or in its original prescription bottle with label. It is the student's responsibility to come to the clinic for their scheduled doses. The clinic also offers the following topical agents: Anti-Itch cream (Calamine), Triple Antibiotic Ointments, burn relief spray, and first aid cleansers.

I hereby request and give permission to the school nurse or other authorized school personnel to administer medication(s) to my child as indicated in this document.

I am aware that I must keep my child's health information up-to-date through the School Nurse or the Skyward Family access.