St. Mark's
EPISCOPAL CHURCH AND SCHOOL

Dear Parents:

We know that getting ready for a new school year can be both exciting and hectic. Below is an explanation of Health Care forms required by the School Clinic before the start of school. Hopefully, this letter will help you get a "jump start."

All students for the 2017-2018 school year are required to have:

- **Family Emergency Information Form** on file in the clinic prior to the first day of school. A new form is required every new school year.

- **Authorization for Medication/Treatment Form** which must be signed by a Physician or Health Practitioner licensed to practice in the State of Florida in order to dispense any medication to your child, including over the counter medication. A new form is required every new school year.

All new students, Early Childhood, Pre-K and Kindergarten students must submit the following additional health documents:

- Copy of **Birth Certificate** OR copy of **Passport** (**New Students Only**)

- **Current Physical Examination Form** (DH3040):
  This form is supplied by your physician or health care provider. The physical exam must be dated within 12 months of the first day of school. A parent must complete and sign Part One of this form**.** Photocopies are acceptable.

- **Florida Certificate of Immunizations Form** (DH680):
  This form is provided by your physician with documentation for the following immunizations:

  Immunizations Required for Early Childhood/Preschool

  - Diphtheria-Tetanus-Pertussis Series
  - Haemophilus influenzae type b (Hib)
  - Hepatitis B Series
  - Measles-Mumps-Rubella (MMR)
  - Polio Series
  - Varicella
  - Pneumococcal Conjugate(**EC only)**

Over please

Immunizations Required for Kindergarten – 8th Grade

- Diphtheria-Tetanus-Pertussis Series
- Hepatitis B Series
- Measles-Mumps-Rubella (MMR 2x)
- Polio Series
- Varicella - **2 doses required for Kindergarten thru Grade 8**

Immunizations Required for 7th Grade Entry:

- Tetanus-Diphtheria Booster (Tdap)

These forms are required according to Florida Law! We will be unable to allow your child to attend class without these documents.

EC and PK students will also receive an **Influenza Virus Acknowledgement Form** from the teacher or nurse at Orientation. This form will also need to be completed and returned to the Clinic.

For additional help we have provided a "Clinic Checklist."
If you have any questions, please do not hesitate to contact the clinic at 954-563-4508 or email us at clinic@saintmarks.com.

We hope you have a wonderful summer and that this information is helpful to you in avoiding any disappointment at the beginning of the school year.

Sincerely,

Jami Kadivar RN and Grace Serro RN

Over please

St. Mark's Episcopal School
2017 - 2018 Clinic Forms Checklist

Please use this checklist as a personal reference for all required forms for the 2017 – 2018 school year.

New students (See grade level for specific documentation)

___ Family Emergency Form

__ Medication Form – Requires a doctor's signature
(Over the counter medication may not be administered to your child without a doctor's signature per Florida Law)

____ Florida certificate of Immunization – **DH680** (all immunizations must be documented)

____ State of Florida physical exam – **DH3040** (dated on or before August 16, 2017)

____ Birth Certificate or Passport (copy accepted)

PK1-Kindergarten

____ Family Emergency Form

____ Medication Form – Requires a doctor's signature
(Over the counter medication may not be administered to your child without a doctor's signature per Florida Law)

____ Current Florida Certificate of Immunization (**DH680**).
***Kindergartners** must have 2 doses of the Varicella vaccine before starting school and it must be documented on this form.

____ State of Florida physical exam – **DH3040**

1st-4th grades

____ Family Emergency Form

____ Medication Form – Requires a doctor's signature (Over the counter medication may not be administered to your child without a doctor's signature per Florida Law)

____ Current Florida Certificate of Immunization (**DH680**)

____State of Florida physical exam – **DH3040**

5th-8th grades

____ Family Emergency Form

____ Medication Form – Requires a doctor's signature (Over the counter medication cannot be administered to your child without a doctor's signature per Florida Law)

____ Current Florida Certificate of Immunization (**DH680**) ***7th grade**rs must have the Tetanus booster vaccine before starting school and it must be documented on this form.

____State of Florida physical exam – **DH3040**

____ FHSAA Forms; EL2, EL3
(All students playing a team sport during the 2017-2018 school year.Forms available at https://www.fhsaa.org)

Please PRINT in BLACK INK
*Please complete **ONE** form per family*

Office Use Only

Date _____

R.N. _____

St. Mark's
EPISCOPAL CHURCH AND SCHOOL

Family Emergency Information

Student's Name _____ M/F _____ Grade _____ DOB _____

Student's Name _____ M/F _____ Grade _____ DOB _____

Student's Name _____ M/F _____ Grade _____ DOB _____

Family Address _____ City _____

State _____ Zip _____ Home Phone # _____

Mother's Name _____

Home Address _____

Home Phone _____ Cell Phone _____ Email _____

Business Name _____ Position _____ Phone # _____

Father's Name _____

Home Address _____

Home Phone _____ Cell Phone _____ Email _____

Business Name _____ Position _____ Phone # _____

Student's Physcian _____ Phone # _____

Student's Name	Health Concern/Allergy	Symptoms	What should be done?

This information will be released to St. Mark's faculty and staff as needed. No medication, including over-the-counter medications, will be given by clinic personnel unless a St. Mark's Medication/Treatment form ***signed by <u>both</u> the physician and parent*** is on file in the clinic. Any medication given must be listed on the form.

IN CASE OF EMERGENCY, in whose care may we release the child if parent(s) cannot be located?

Name	Home Phone	Business Phone	Cell Phone

Person(s) **not** permitted to remove child: _____

Emergency Release Form

In the event a medical emergency arises during the time that a child is under the supervision of the staff of St. Mark's Episcopal School, every attempt will be made to contact the parent/guardian of the child or other authorized person immediately. In the event that a prent/guardian or other authorized person cannot be located, the form below will serve as authorization for a member of the St. Mark's Episcopal School staff to seek the necessary medical attention for the child.

I, _____, hereby authorize a St. Mark's Episcopal staff member to authorize medical care for _____, and/or _____, should the need arise, under the supervision of a physician licensed to practice medicine in the State of Florida.

Parent/Guardian Signature _____ **Date** _____

Three easy ways to return this form:

(1) Fax to 954-563-0504, Attention: Main School Office

(2) Deliver the form to St. Mark's Episcopal School Main Office

(3) Mail the form to: St. Mark's Episcopal School at 1750 East Oakland Park Boulevard, Fort Lauderdale, FL 33334

St. Mark's
EPISCOPAL CHURCH AND SCHOOL

NOTE:
This form requires a physician's signature.

AUTHORIZATION FOR MEDICATION/TREATMENT

Student's Name _____ Today's Date _____

Grade _____ Birth Date _____ Best Contact# _____

Allergies _____

Diagnosis _____

Mother's Insurance Carrier _____ Social Security # _____

Father's Insurance Carrier _____ Social Security # _____

MEDICATION DURING SCHOOL HOURS AND SCHOOL TRIPS

MEDICATION	CHECK ONE: Yes	No	DOSAGE & ROUTE	FREQUENCY	SPECIFIC TIMES	SPECIAL INSTRUCTIONS/SIDE EFFECTS
Tylenol			p.o.			
Advil			p.o.			
Benadryl			p.o.			
Cough Syrup			p.o.			
Antacid			p.o.			
Anti-itch cream			topical			
Antibiotic ointment			topical			

TREATMENTS DURING SCHOOL HOURS AND SCHOOL TRIPS

PROCEDURE	TYPE	MEDICATION AMOUNT	FREQUENCY / SPECIFIC TIMES
Inhaler Treatment			
Nebulizer Treatment			
Blood Glucose Check			
EpiPen			

Any of the above procedures required for emergency care? Yes ____ No ____

If yes, please specify: _____

_____

_____

_____

*— Please complete **both sides** of this form. —*

AUTHORIZATION FOR MEDICATION/TREATMENT

(continued)

List any limitations/precautionary measures that should be considered (*e.g. physical education, outdoor activities, transporting, lifting, moving, special devises or equipment*):

_____

_____

_____

List any emergency precautions/health emergencies that should be anticipated for this student (*e.g. allergy triggers, diabetic reactions, etc.*):

_____

_____

_____

_____ _____

Physician's Name ***(Print)*** Physician's Signature ***(Mandatory)***

_____ _____

Physician's Phone Physician's Fax

Physician's Office Address _____ Date Completed: _____

PARENTAL PERMISSION FOR MEDICATIONS/TREATMENT

(To be completed by the student's Parent/Guardian)

I grant the nurse, principal, or his/her designee the permission to assist or perform the administration of each medication or treatment/procedure to or for my child as instructed by my child's physician at school or duing school-related events. I hereby release the School and its employees from injury, loss, or damage resulting from the school's proper adiministration of medications or the treatment/procedures as prescribed by my child's physician as referenced in this authorization from or in seperate prescription documents.

NOTE:

- Medications must be supplied in the original container (both over-the-counter and prescription). Ask the pharmacist to divide prescription medication into two completely labeled containers, providing one for home and one for school.
- Only medications/treatments authorized by a physician may be administered by school personnel.
- It is your responsibility to notify the school when there is a change in medication/treatment regimen.

_____ _____

Parent/Guardian Name ***(Print)*** Signature of Parent/Guardian

Date Signed: _____ Home Phone: _____

Cell Phone: _____ Work Phone: ***(include extension)*** _____

Other numbers where you may be reached during school hours: _____

_____

_____

*— Please complete **both sides** of this form. —*

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