



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. Hopefully, this letter and checklist will help you get a "jump start" on the first day of school.

All students for the 2018/2019 school year are required to have the revised St. Mark's School Emergency Consent/Health Services Form on file in the clinic prior to the first day of school. A new form is required every new school year. **Florida Law requires that the Medical Authorization for Medication/Treatment portion of this form 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.**

Please see the checklist provided as to your child's individual grade requirements.

*******REMINDER: IMPORTANT FORM CHANGE*******

A doctor's signature is **mandatory** on the Health and Emergency Form, whether you plan to allow the clinic to dispense medication or not. This includes over the counter medication as well as prescription. If you do not want the clinic to dispense medication, you are still required to have a doctor's signature and you may indicate this on the form.

If you have any questions or concerns, please feel free to contact the clinic.

Thank you,
Jami Kadivar RN, BSN
Grace Serro RN
954-563-4508
clinic@saintmarks.com



St. Mark's
EPISCOPAL SCHOOL
Fort Lauderdale

Check List for Health Forms All Forms Due By July 9, 2018

All Students

_____ The 2018/2019 St. Marks School Emergency Consent/Health Form, sides 1 and 2, completed by parent or guardian and signed by a physician.

The 2018/2019 St Marks School Emergency Consent/Health Form must have orders for medications **signed by a physician or Health Care Practitioner licensed to practice in the State of Florida**. All students must have a signed order to start school whether or not you are planning to use medications during the school day. If you do not want your child medicated by the Nurse at school, please indicate this on the form. **In this case, you must still have the order signed by the doctor.**

All new students, and All Early Childhood, Pre-Kindergarten, Kindergarten, Seventh Grade Students

_____ **State of Florida School Entry Health Examination Form (yellow 3040):** This form is supplied by your physician or health care provider. The physical exam must be dated within one year from the first day of school. **A parent must complete and sign PART ONE of this form.** Photo copies are acceptable.

_____ **Certificate of Immunization Form (blue or white 680):** This form is supplied by your physician or healthcare provider. This form must list all current immunizations. The Florida Department of Health requires two Varicella (chickenpox) vaccinations for all students entering Kindergarten. Seventh graders must have a Tdap vaccine on file. Your physician must sign the form as complete for Immunizations.

New Students Only:

_____ A copy of your child's Birth Certificate or Passport.

Early Childhood and Pre-Kindergarten:

_____ Influenza Virus Information Acknowledgement
Please sign and return with health forms.

Seventh Grade Only:

_____ Current Tdap vaccination recorded on Immunization form (680).

****Athletics: Fifth – Eighth Grade**

Athletic forms are required by the Florida High School Athletic Association in order to participate in middle school sports. **Forms EL2, EL3 are located on the St. Mark's website and must be turned in before try outs which begin the first week of school. The EL2 is a Sports Physical, which must be signed by a physician,** (this is a different physical form than the one to be turned into the clinic)

_____ Sports forms

Students will not be able to begin class without proper forms on file.



Office Use Only

Date _____

R.N. _____

2018 – 2019

EMERGENCY CONSENT/HEALTH SERVICES FORM
PERSONAL AND CONFIDENTIAL

Student's Name _____ New This Year? _____

Male ___ Female ___ Grade ___ Birth Date _____ Religion (if it effects medical care) _____

Household where student resides

Address _____

City _____ State _____ Zip _____

Home Phone _____

Parents, guardian, or custodian(s)

Name _____ Relationship _____

Cell# _____ Work # _____

Email _____

Employer _____

Name _____ Relationship _____

Cell# _____ Work # _____

Email _____

Employer _____

If applicable - other household

Address _____

City _____ State _____ Zip _____

Home Phone _____

Parents, guardian, or custodian(s)

Name _____ Relationship _____

Cell# _____ Work # _____

Email _____

Employer _____

Name _____ Relationship _____

Cell# _____ Work # _____

Email _____

Employer _____

Emergency Contact(s)

Name _____ Relation _____ Tel# _____ Cell# _____

Name _____ Relation _____ Tel# _____ Cell# _____

PLEASE COMPLETE CAREFULLY:

Student's Height: _____

Student's Weight: _____

1. Allergies:

Symptoms:

Treatments:

2 Health Concerns:

3. Medications being taken (at home)

3b. Medications being taken (at school)

Medical Insurance Company _____

Doctor of choice _____ Phone# _____

Dentist of choice _____ Phone# _____

PARENTAL PERMISSION FOR MEDICATION/TREATMENT

(To be completed by the student's parent/guardian)

MEDICAL AUTHORIZATION FOR MEDICATION/TREATMENT

Please cross off medications the student **MAY NOT** have, and enter any additional medications needed.

The named medications are stocked in the Health Office. Attach additional signed physician orders to this sheet if necessary.

MEDICATION	DOSAGE & ROUTE	FREQUENCY	SPECIFIC TIME	SPECIAL INSTRUCTIONS/SIDE EFFECTS
Tylenol	oral	as needed	Administer	For headaches
Advil	oral	as needed	dose per	For muscular-skeletal pain or headache
Tums	oral	as needed	instructions	For upset stomach
Benadryl	oral	as needed	on bottle.	For allergic reaction only
Antibiotic Ointment	Topical	as needed	"	For abrasions
Throat Lozenges	oral	as needed	"	For cough or sore throat
1% Hydrocortisone Cream	Topical	as needed	"	For contact dermatitis, itching, bug bites
Dramamine	oral	as needed	"	For motion sickness, only for use on field trip

Other prescription medications to be administered at the school. Please provide medicine in original bottle with prescription label attached.

PROCEDURE	MEDICATION	AMOUNT	FREQUENCY
Inhaler			
Nebulizer			
Blood Glucose			
Epi-Pen			

Physician's Name (printed)

Physician's Signature (required)

Date Completed

I grant the nurse, principal or his/her designee the permission to assist or perform the administration of each medication or treatment/procedure for my child during the school day including when he/she is away from school property for official school events.

NOTE:

- Medications must be supplied in the original container. Ask the pharmacist to divide medication into two labeled containers.
- 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.

This grants permission to release information concerning treatment of my child (name) _____

to the representative from St. Mark's Episcopal School accompanying him/her and also to the school nurse. If, in the opinion of a properly licensed and practicing physician, my son/daughter needs medical or surgical services which requires my/our authorization or consent before being supplied, I/we hereby authorize, appoint, and empower St. Mark's Episcopal School to act as my/our agent to furnish on my/our behalf each oral or written authorization as needed; it being my/our desire that my/our son/daughter be furnished with medical or surgical services as soon as reasonably possible after the need arises. I understand this form will be used for medical treatment during all school related activities both on and off campus.

I understand that I will receive occasional text messages from the school through the Parent Alert system and that I may contact the school to have my number removed from this system at any time.

Print Parent/Guardian Name: _____

Sign Parent/Guardian Name: _____

Signed by the Parent or Guardian who is legally authorized to make medical decisions on behalf of the student.

The health services at St. Mark's Episcopal School are to provide immediate first aid, administer medication, and provide short-term care to students until a parent or designated Emergency Contact can pick up the student. A diagnosis cannot be made nor are there facilities for extended periods of bed rest. We ask your cooperation in keeping your child home if there is any question of illness.

RETURN COMPLETED FORM TO:

St. Mark's Episcopal School • 1750 East Oakland Park Blvd. • Fort Lauderdale, FL 33334 • 954-563-4508