



*"Where Learning is the Expectation  
And Caring is a Commitment"*

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Dear Parent,

The following information is to assist you, as the parent/guardian, with providing health information required for your student by Citrus County Schools. If you should have any questions, please feel free to contact your school.

### **Online Emergency Form**

This form is found in the Skyward Parent Portal. This form should be completed each year to ensure that we have the most current information about your student. You should contact your student's school for a log-in and password to create an account in Skyward to view your student's status. As part of the Online Emergency Form, you will need to fill out several forms that pertain to the health status of your student.

### **Online Health Verification-Step 3**

This step ensures that we have health status information for your student accurate in our system.

### **Online Health Form-Step 4**

Please complete this form by checking any box(s) that applies to your student's health status. It is extremely important that you fill out this form accurately and completely so that the school health clinic and appropriate school personnel can properly care for your student. If your student has any health conditions, please notify the school nurse at your student's school so that the school nurse is aware of the condition and can assist your student as needed.

### **Medical Release Form-Step 5**

This is important in the event of a medical emergency. Please list your primary health care provider and their phone number. This is important for the school to pass along to the emergency medical team if needed.

### **Parental Consent for School Health Room Services 2022-2023**

This form is necessary for your student to be seen in the health clinic for any reason, for example, band-aids, ice packs, first aid, etc. If your student receives medication, you need to mark YES so that our school health personnel may give your child medication.

### **Parental Consent for School Health Services 2022-2023**

This form allows you to choose which health care screenings that your student may participate in at the school. The Florida Statute mandates that school health screenings take place in

kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grade. If it is your choice for your student to not participate in a health screening, please mark the form accordingly.

### **Medical Examination**

All students entering Citrus County Schools for the first time must have a medical examination (physical) performed within one year of registration. The medical examination should be documented on the Florida Department of Health Form 3040 ([DATE: \(floridahealth.gov\)](https://www.floridahealth.gov)) or the provider's office/medical facility stationary. The appropriate form should be completed, signed, and dated by both the health care provider and the parent/guardian.

### **Immunizations**

Student in grades PK-12 who enter Citrus County Schools for the first time in a Citrus County school must have on file with the immunization registry a Certification of Immunization prior to admittance or attendance as required by Florida Statutes. <https://www.floridahealth.gov/programs-and-services/immunization/children-and-adolescents/school-immunization-requirements/index.html#preschoolEntry> Please be sure that your student's immunizations are up to date. If you are not sure, you can check with your student's health care provider or the Florida Department of Health-Citrus County at (352) 527-0247.

### **Infectious Diseases**

Please notify your student's school if your student is out sick with a diagnosed communicable illness such as COVID-19, Meningitis, Measles, Influenza Type A or B, Polio, Salmonella, Hepatitis A or B, acute, etc.

### **Please keep your student home if your student has:**

- Flu-like symptoms
- Fever greater than 100.4 degrees
- Persistent cough
- Headache
- New loss of taste or smell
- Shortness of breath/difficulty breathing
- Chills
- Muscle or body aches
- Vomiting
- Diarrhea
- Fatigue
- Congestion or Runny nose
- Sore throat
- Rashes, yellow eye drainage, or greenish-yellow phlegm

### **Chronic Health Conditions**

If your student has any of the following health conditions, including, but not limited to, asthma, diabetes, cystic fibrosis, sickle cell disease, seizures, epilepsy, allergic reactions to food, insect bites, latex, or nuts, please inform the school nurse.

### **Steps to Take:**

- Document on the ***Online Health Form*** the chronic condition that your student is diagnosed

- Meet with the School nurse and others as necessary to discuss the care of the student while at school
- Provide a current ***Authorization of Medication Administration*** form signed by both the parent/guardian and the health care provider, if the student is on any medication.

### **Medication Administration at School (Prescription or Over the Counter)**

- Whenever possible, medication should be given outside of school hours or given at home with parent/guardian
- No medication will be administered in school or at school sponsored events without the parent/guardian's written signature and written authorized health care provider order. This includes both prescription and over the counter medications.
- New ***Authorization for Medication*** form will be filled out at the beginning of the school year or once ordered by the authorized health care provider and will be in effect until the end of the school year.
- If the student will be carrying their medication on their person, a ***Student Authorization to Carry Medication/Supplies/Equipment*** form must be filled out and signed by both the parent/guardian as well as the authorized health care provider.
- Medications will be administered by onsite health room personnel or the school nurse.
- All medication must be brought to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. All medication must be signed into the clinic by the parent/guardian and counted with the school nurse or health room attendant. Medication delivered by a student will not be administered by the school nurse or health room attendant.
- All prescription medication must be provided in the original pharmacy container with the pharmacy label attached.
  - It must be in the student's legal name that matches the school record.
  - The medication name and dosage must be typed on the pharmacy label.
  - Route and Time of administration must be typed on the pharmacy label.
  - Date medication was filled at the pharmacy
  - Medication description must match the medication in the bottle exactly.
  - There must not be any alteration of the label. (Nothing crossed out, changed or altered in any manner)
  - Medication expiration date
- Parent/guardian is responsible for collecting any unused medication or portion of medication after the expiration date of the medication or expiration date of the authorized prescriber's order. If the medication is unclaimed by the parent/guardian after three attempts to contact, the medication will be destroyed. All medications that are not picked up on the last day of school will be destroyed.
- The school nurse will call the authorized prescriber, as allowed by the Health Insurance Portability and Accountability Act (HIPAA) if a question arises about the student and/or the student's medication.

If you have any further questions, please contact your student's school.