



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

**Student Services Center  
Kit Humbaugh, Director of Student Services  
Jennifer Greco, Coordinator of Student Services  
Michelle Shank, Supervisor of School Health**

**THOMAS KENNEDY  
DISTRICT 1**

**VIRGINIA BRYANT  
DISTRICT 2**

**DOUGLAS A. DODD  
DISTRICT 3**

**SANDRA COUNTS  
DISTRICT 4**

**LINDA B. POWERS  
DISTRICT 5**

January 16, 2024

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 Section of "New to the School" or "Returning Student"**

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. There is an application on the website for parents to request a Family Access account. There are directions for filling out this form on the district website under the "Student Enrollment" tab. 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**

Please complete this section 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.

**Medical Release Section**

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.

**Consent for Health Care Services and/or Emergency Care**

This section 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.

**Consent for School Health Screenings Services**

This section 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. Citrus County Schools has partnered with the Lion's Club of

Homosassa and Inverness to provide vision screening to 9<sup>th</sup> and 10<sup>th</sup> grade students as well as Pre-School students. If you choose for your student to not participate in a health screening, please mark the section 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>

### **Infectious Diseases**

Please notify your student's school if your child 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, etc.

### **Please keep your student at 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 child 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 has been diagnosed for your student.
- 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 by school personnel 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. The parent/guardian will be required to pick up from the school any medication brought to school by a student.
- 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.
  - The date medication was filled at the pharmacy must be typed on the pharmacy label.
  - Medication description must match the medication in the container 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 provider's order. If the medication is unclaimed by the parent/guardian after three attempts to contact, the medication 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.
- On July 1, 2023, in accordance with **FL H.B. 1037 Ch. 2023-39, section 2**, a student may possess and use a medication to relieve headaches while on school property or at a school sponsored event or activity without a physician's note or prescription if the medication is regulated by the United States Food and Drug Administration for over-the-counter use to treat headaches. The product must be in the original storage container with the intact original label produced by the product manufacturer.

**Care of Students with Epilepsy or Seizure Disorders:**

- On July 1, 2022, the Florida legislature passed, and Governor DeSantis signed into law Committee Substitute for **HB: 173: Care of Students with Epilepsy or Seizure Disorders**. If your student has a diagnosis of a Seizure Disorder or Epilepsy, your student will need to have an Individualized Seizure Action Plan (ISAP) developed by the medical professional in consultation with the parent/guardian. This form must be signed by both the parent/guardian as well as the medical professional at the start of the school year, whenever the student is diagnosed, or if the student's plan of care has been changed by the physician. This plan should include information such as recommended care, symptoms that your student displays before or during a seizure, any accommodations, prescribed rescue medications and contact information for medical assistance. The parent is responsible for bringing the ISAP to the school with their child on the first day of school along with any medications that the student may be prescribed. This form must be given to the school nurse or the school's health room assistant. This form will remain in effect until a new revised ISAP is submitted by the parent. These forms can be found on the website under Student Health Forms.

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

Thank you for partnering with us this school year to ensure that your student's health care needs are met and that the student can focus on their academic successes.

Michelle Shank, RN, BSN  
Supervisor of School Health