Health Form Requirements 2016-2017

All health forms must be submitted to Community School of Naples prior to August 1, 2016. Community School of Naples and the Florida Department of Health require these documents.

All students:

Community School of Naples Emergency Consent/Health Services Form

Side 1 Completed by parent or guardian.
Side 2 Completed and signed by the parent or guardian who is legally authorized to make medical decisions on behalf of the student.

This order must be signed **whether or not** you are planning to authorize prescription medications during the school day.

**Orders for prescription medications must be attached to this form and the form signed by a physician or health practitioner licensed to practice in the State of Florida.**

In addition, all **NEW** students AND Pre-K3, Pre-K4, Kindergarten, and Seventh Graders must submit:

Student Health Examination form Florida DH 3040 supplied by your physician or health care provider must be dated within one year of the first day of school.

A parent and physician must sign the completed form.

Certificate of Immunization form Florida DH 680 supplied by your physician or health care provider. **ALL immunization records must be transferred to a Florida form**

This must show all current immunizations. The Florida Department of Health requires students K through second grade two **Varicella** (Chickenpox) vaccination for all students; the seventh grade requirement is a **Tdap** vaccine. Your physician **MUST** sign the form as complete for the school year or provide an expiration date as to when the shots will be completed. **A photocopy is not acceptable.**

**These documents must be sent directly to the school nurse, Rita Touma, RN**

Have a question? Call 239-597-7575 ext. 220
2016/2017 COMMUNITY SCHOOL OF NAPLES
Emergency Consent/Health Services Form
PERSONAL AND CONFIDENTIAL

PLEASE PRINT IN BLACK INK

Student’s Name ________________________________________________________ □ New Student
□ Male □ Female Birth Date __________ Religion (if it affects medical care) __________

Grade __________ Teacher________________________

Name of parents, guardian, or custodian ____________________________________________

Address __________________________________ City ______________ State __ZIP __________

Home Phone # ________________________________

Mother’s Work # ___________________________ Father’s Work # ___________________________

Mother’s Cell # ___________________________ Father’s Cell # ___________________________

E-mail address of parent or guardian:______________________________________________

Emergency contact name and phone # (i.e. nanny, grandparent…): __________________________

PLEASE COMPLETE CAREFULLY:

Height: ___________ Weight: ___________

1. Describe medical conditions for which your child receives treatment (asthma, diabetes, allergies, etc.)
that you feel the school nurse should know about ____________________________________________

2. Does your child have any restrictions on his/her activities? □Yes □No

   If yes, please specify ________________________________________________________________

3. Does your child have any health needs which require nursing during school hours? □Yes □No

   If yes, please specify ________________________________________________________________

4. Allergies to medication (please list) ________________________________________________

5. Medication being taken at home ____________________________________________________

6. Medication being taken at school ____________________________________________________

7. Previous medical history (hospitalizations, etc.) _______________________________________

Doctor of choice ___________________________________ Phone # _________________________

Dentist of choice ___________________________________ Phone # _________________________

If the answer is yes to any of the questions above, please contact the school nurse to set up a
health care plan at 239-597-7575 x220.

Please complete Page 2 (or reverse side)
I grant the nurse, head of school 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 the 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 or to the treatment regimen.

This grants permission to release information concerning treatment of my child, ________________________________, to the representative from Community School of Naples 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 require my/our authorization or consent before being supplied, I/we hereby authorize, appoint, and empower Community School of Naples to act as my/our agent to furnish on my/our behalf such oral or written authorization as which might arise from the giving by it of such authorization; 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.

Community School of Naples has my permission to treat my child with the following medications:
(Please check all applicable.)
- Advil/Motrin/Ibuprofen
- Tylenol/Acetaminophen
- Hydrocortisone Cream 1%
- Dimetapp/Sudafed/
- Phenylephrine
- Robitussin Cough & Cold
- Excedrin Migraine
- Benadryl
- Delsym
- Midol
- Musinex/Guaifenesin
- Day Quil
- Claritin/Zyrtec/generic
- Cough Drop/Lozenge
- Neosporin Ointment
- Benadryl Cream/Spray/Gel
- Calamine Lotion
- Biofreeze
- Gas Ex/Simethicone
- Tums
- Pepto-Bismol
- Visine/Saline drops
- Burn Relief Spray
- Liquid Bandage

- Community School of Naples does NOT have my permission to dispense ANY medication to my child.

Prescription medications to be administered at the school: Please include a separate order (i.e. Epi-pen, Inhalers, ADD Medication)
______________________________________________
______________________________________________
______________________________________________
______________________________________________

List any health care procedures the student may independently monitor (i.e. inhaler/insulin or glucose).

______________________________________________
______________________________________________

Signed by the parent/guardian who is legally authorized to make medical decisions on behalf of the student. Physician signature required only for prescription medicines to be administered at school.

Parent Name: ________________________________ Parent Name: ________________________________
Signature: ________________________________ Signature: ________________________________

Physician’s Signature: ________________________________ Physician’s Name: ________________________________

RETURN COMPLETED FORM TO:
Community School of Naples Attention:
Nurse, Rita Touma
13275 Livingston Road
Naples, FL 34109
239-597-7575 x220
I, ______________________ (please print), the parent/legal guardian of ______________________
(child’s name) in ______________________ (teacher’s name) ________ grade class, grant
permission for my child to carry sunscreen and/or insect repellant in their backpack to be used as needed
during the school day. I understand that this sunscreen and/or insect repellant cannot be shared and can
only be applied under adult supervision.

Parent/Guardian Signature

Date
Pre-Kindergarten
School Entry Health Requirements

NO SHOTS, NO SCHOOL

PHYSICAL EXAMINATION REQUIREMENTS
At the time of initial enrollment or registration, students entering a Florida school for the first time must provide a valid physical examination.
- The physical must have been completed in the U.S.
- The date of the physical exam must be within 12 months of the child’s first day of school.
- Students who cannot provide proof of a valid physical examination may not attend school until they can provide the necessary information required on the Florida form DH 3040.
- An appointment card from a local physician or clinic showing that a physical examination is scheduled to be completed at a later date is not acceptable.
- Physical examinations can be obtained from your physician, health care provider, or a walk-in clinic before registering your child.

IMMUNIZATION REQUIREMENTS

4 or 5 DTP/DTaP - Diphtheria/Tetanus/Pertussis
3 Hib - H. influenza
3, 4, or 5 doses of Polio - Number depends on child’s immunization history
1 MMR - Measles, Mumps, Rubella
3 Hep B - Hepatitis B
1 Varicella - Chickenpox
- Either 1 varicella vaccination (chickenpox), or
- Documentation by a healthcare provider that the child has had the chickenpox illness

Remember
All children must have a fully-completed Florida Certification of Immunization Form DH 680 at the time of registration. Bring your child’s immunization records with you to the immunization provider to help determine what immunizations might be needed.

The Florida Department of Health – Collier County provides school age immunizations, free of charge, on a walk-in basis at the following sites in Naples and Immokalee. Clinics in Naples and Immokalee are closed at 12 Noon on the last working day of each month.

NAPLES (Main Immunization)
CLINIC
Government Complex, Bldg. H
Florida Department of Health – Collier County
3339 E. Tamiami Trail
Call (239) 252-8595 or 252-8555
Monday through Friday
Registration:
8:00 AM - 3:00 PM

“Healthy Students Make Better Learners”
For further information about school immunization requirements, you may contact:
Collier County Health Department at (239) 252-8595 or 252-8555

IMMOKALEE
419 North First Street
Immokalee
Call (239) 252-7300
Monday through Friday
Registration:
8:00 AM - 3:00 PM
Elementary School
School Entry Health Requirements

NO SHOTS, NO SCHOOL

PHYSICAL EXAMINATION REQUIREMENTS
At the time of initial enrollment or registration, students entering a Florida school for the first time must provide a valid physical examination.
- The physical must have been completed in the U.S.
- The date of the physical exam must be within 12 months of the child's first day of school.
- Students who cannot provide proof of a valid physical examination may not attend school until they can provide the necessary information required on the Florida form DH 3040.
- An appointment card from a local physician or clinic showing that a physical examination is scheduled to be completed at a later date is not acceptable.
- Physical examinations can be obtained from your physician, health care provider, or a walk-in clinic before registering your child.

IMMUNIZATION REQUIREMENTS

<table>
<thead>
<tr>
<th>Kindergarten</th>
<th>Grades 1 through 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 or 5 DTP/DTaP</td>
<td>4 or 5 DTP/DTaP - Diphtheria/Tetanus/Pertussis</td>
</tr>
<tr>
<td>3, 4 or 5 Polio</td>
<td>3 or 4 Polio</td>
</tr>
<tr>
<td>2 MMR</td>
<td>2 MMR - Measles, Mumps, Rubella</td>
</tr>
<tr>
<td>3 Hep B</td>
<td>3 Hep B - Hepatitis B</td>
</tr>
<tr>
<td>2 Varicella - Chickenpox</td>
<td>Either 2 varicella vaccinations (chickenpox), or</td>
</tr>
<tr>
<td></td>
<td>Documentation by a healthcare provider that the child has had the chickenpox illness</td>
</tr>
</tbody>
</table>

The Florida Department of Health—Collier County provides school age immunizations, free of charge, on a walk-in basis at the following sites in Naples and Immokalee. Clinics in Naples and Immokalee are closed at 12 Noon on the last working day of each month.

NAPLES (Main Immunization) CLINIC
Government Complex, Bldg. H
Florida Department of Health - Collier County
3339 E. Tamiami Trail
Call (239) 252-8595 or 252-8555
Monday through Friday
Registration:
8:00 AM - 3:00 PM

“Healthy Students Make Better Learners”
For further information about school immunization requirements, you may contact:
Collier County Health Department at (239) 252-8595 or 252-8555

IMMOKALEE
419 North First Street
Immokalee
Call (239) 252-7300
Monday through Friday
Registration:
8:00 AM - 3:00 PM
Middle School
School Entry Health Requirements

NO SHOTS, NO SCHOOL

PHYSICAL EXAMINATION REQUIREMENTS
At the time of initial enrollment or registration, students entering a Florida school for the first time must provide a valid physical examination.

- The physical must have been completed in the U.S.
- The date of the physical exam must be within 12 months of the child’s first day of school.
- Students who cannot provide proof of a valid physical examination may not attend school until they can provide the necessary information required on the Florida form DH 3040.
- An appointment card from a local physician or clinic showing that a physical examination is scheduled to be completed at a later date is not acceptable.
- Physical examinations can be obtained from your physician, health care provider, or a walk-in clinic before registering your child.

IMMUNIZATION REQUIREMENTS

Grades 6 and 7
4 or 5 DTP/DTaP - Diphtheria/Tetanus/Pertussis
3 or 4 Polio
2 MMR - Measles, Mumps, Rubella
3 Hep B - Hepatitis B
2 Varicella - Chickenpox
- Either 2 varicella vaccinations (chickenpox), or documentation by a healthcare provider that the child has had the disease

Grade 8
4 or 5 DTP/DTaP - Diphtheria/Tetanus/Pertussis
3 or 4 Polio
2 MMR - Measles, Mumps, Rubella
3 Hep B - Hepatitis B
1 Tdap - Tetanus, diphtheria, pertussis booster
(At the age of 7)
1 Varicella - Chickenpox
- Either 1 varicella vaccination (chickenpox), or documentation by a healthcare provider that the child has had the disease

In addition, all students entering or repeating Grade 7:
1 Tdap - Tetanus, diphtheria, pertussis booster
(At the age of 7)

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NAPLES (Main Immunization)
CLINIC
Government Complex, Bldg. H
Florida Department of Health - Collier County
3339 E. Tamiami Trail
Call (239) 252-8595 or 252-8555
Monday through Friday
Registration:
8:00 AM – 3:00 PM

IMMOKALEE
419 North First Street
Immokalee
Call (239) 252-7300
Monday through Friday
Registration:
8:00 AM - 3:00 PM

“Healthy Students Make Better Learners”

For further information about school immunization requirements, you may contact:
Collier County Health Department at (239) 252-8595 or 252-8555
High School
School Entry Health Requirements

NO SHOTS, NO SCHOOL

PHYSICAL EXAMINATION REQUIREMENTS
At the time of initial enrollment or registration, students entering a Florida school for the first time must provide a valid physical examination.
- The physical must have been completed in the U.S.
- The date of the physical exam must be within 12 months of the child’s first day of school.
- Students who cannot provide proof of a valid physical examination may not attend school until they can provide the necessary information required on the Florida form DH 3040.
- An appointment card from a local physician or clinic showing that a physical examination is scheduled to be completed at a later date is not acceptable.
- Physical examinations can be obtained from your physician, health care provider, or a walk-in clinic before registering your child.

IMMUNIZATION REQUIREMENTS

Grades 9 through 12
- 4 or 5 DTP/DTaP-Diphtheria/Tetanus/Pertussis
- 3 or 4 Polio
- 2 MMR- Measles, Mumps, Rubella
- 2 or 3 Hep B- Hepatitis B
- 1 Tdap Booster- Tetanus, diphtheria, pertussis booster
- 1 Varicella- Chickenpox vaccination or medical documentation of the disease

The Florida Department of Health – Collier County provides school age immunizations, free of charge, on a walk-in basis at the following sites in Naples and Immokalee. Clinics in Naples and Immokalee are closed at 12 noon on the last working day of each month.

NAPLES (Main Immunization) CLINIC
Government Complex, Bldg. H
Florida Department of Health – Collier County
3339 E. Tamiami Trail
Call (239) 252-8595 or 252-8555
Monday through Friday
Registration
8:00 AM – 3:00 PM

IMMOKALEE
419 North First Street
Immokalee
Call (239) 252-7300
Monday through Friday
Registration
8:00 AM – 3:00 PM

“Healthy Students Make Better Learners”
For further information about school immunization requirements, you may contact: Collier County Health Department at (239) 252-8595 or 252-8555