

Emergency Code

HERNANDO COUNTY SCHOOL DISTRICT
Student Registration, Information Update and Emergency Information

Date

Name Last First Middle Home Phone#

Student No. School Grade

Student Transportation: Walks Car Rider Rides Bus Bus Rt. No.

Please list all school age siblings residing in the home who are enrolled in Hernando County Schools:

Please indicate if your child is under a School Choice Request, and the school your child is zoned for:

Mailing Address Street/P.O. Box/Rt. City State Zip

Residence Address Street City State Zip

Is this a change in address from last year? Yes No Email Address Relationship

Student's Date of Birth Student's Birth Place City and State

Student's SS# Sex: Male Female

Student's Cell Phone# Student's Email Address Student's Work Location

Ethnic/Race: CHECK ALL THAT APPLY.

- Hispanic White Black Asian American Indian or Alaskan Hawaiian or Other Pacific Islander

Military Family Student: YES NO Does student live with: Both Mother Father

If student does not live with parent(s), name/relationship of guardian:
The enrolling parent/guardian must provide a certified court order indicating sole custody, or a restraining order, if they do not wish the other parent/guardian to have access to their child. Order on file in the school office? Yes No
Staff member verifying receipt

Parent/Guardian Name #1 Relation to Student

Place of Employment Work Phone# Parent/Guardian #1 Cell Phone #(s) Okay to text? Yes No

Parent/Guardian Name #2 Relation to Student

Place of Employment Work Phone# Parent/Guardian #2 Cell Phone #(s) Okay to text? Yes No

Please check agency name if you or your spouse are or currently employed by:
Law Enforcement the Courts DCF Child Support Enforcement Fire Fighter

Permission for non-school personnel to interview or photograph student.
Yearbook School Photo Public Media/Website/Video Interview

Has your child ever been retained? YES NO

Has your child ever been enrolled in Special Education or remedial education program? YES NO

Has this student ever been referred or received mental health services? (SB 7030) YES NO

Has this student ever been enrolled in Hernando County Schools? YES NO Name of last school

Has this student ever been enrolled in a Florida school other than Hernando County? YES NO

If yes, name of school and county

Emergency Contacts: It is mandatory that the Emergency Number/Contact be provided. To serve your child in case of accident or sudden illness, it is necessary that you list those individuals other than parent(s)/guardian(s) who are authorized to pick up your student through the clinic/office. (Example: STEPPARENT, NEIGHBOR, OTHER RELATIVE, ETC.)

Name Relationship to Student Day Phone () Ext.
Name Relationship to Student Day Phone () Ext.
Name Relationship to Student Day Phone () Ext.
Doctor's Name Dr. Phone ()
Dentist's Name Dr. Phone ()

Does your child have any of the following health conditions? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma (medication needed at school) | <input type="checkbox"/> Allergy (Epi-pen required) | <input type="checkbox"/> Diabetes (Type 1) |
| <input type="checkbox"/> Asthma (no medication at school) | <input type="checkbox"/> Allergy (No Epi-pen) | <input type="checkbox"/> Diabetes (Type 2) |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Cancer | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Wears glasses |
| <input type="checkbox"/> Other _____ | | |

Comments: _____

MEDICATION: Does your child require regular or emergency medication at school? NO YES If yes, specify: _____

A completed and signed Medication Authorization form must be submitted to the school if medication is required.

Other: _____

Comments: _____

*****You must contact the school health professional if the student has a health condition or requires care at school*****

Does your child wear any of the following? (Check all that apply) Glasses Contact Lenses

Notification of Health Services to be Provided: The District School Board of Hernando County provides health services to students in partnership with the Florida Department of Health, Hernando County. The partner is required by law to maintain the privacy of your child's protected health information. Immunization information required for school attendance may be shared between Hernando Public Schools and DOH-Hernando.

Screenings will be provided as listed below. Students that are new to the state and students referred by teachers will also receive vision and/or hearing screening by DOH-Hernando or the school health professional. If vision screening shows a need for a follow-up vision examination, and if your child is eligible, or otherwise financially qualified, FVQ or Heiken may provide this examination at no charge, with your consent. The results of these vision screenings and vision examinations will be shared with designated Hernando County Public School employees and DOH-Hernando. Parents will be informed of screening results.

Health Screenings to be performed:

Screening	Grades	Schools
Vision (DOH-Hernando)	K, 1, 3, 6	Brooksville, Chocachatti, Deltona, Eastside, J.D. Floyd, Moton, Pinegrove, Spring Hill, Suncoast, Westside, Challenger, Explorer, Winding Waters, Fox Chapel, D.S. Parrott, Powell and West Hernando.
Hearing (DOH-Hernando)	K, 1, 6	All elementary, middle and K-8 schools (see above)
Height/Weight (DOH-Hernando)	1, 3, 6	All elementary, middle and K-8 schools (see above)
Scoliosis (DOH-Hernando)	6	All K-8 and middle schools (see above)
Hearing and Vision (DOE-Hernando)	K-5	Any newly Florida enrolled student in all elementary and K-8 schools. (see above)

If you do not want your child to receive these services, you must notify the school in writing of the specific services that are being declined prior to the screening date(s) at your child's school.

Parent Authorization: I/we the undersigned, do hereby authorize officials of the Hernando County School District to contact directly the persons named on this form. In the event parents, physician(s), or other persons named on this form cannot be reached. I/we do authorize school officials to transport and to obtain, through a physician of their choice, any emergency medical care that may be deemed necessary in their judgement for the health and well-being of the above student in the course of school activities or such travel. The Hernando County Department of Health in conjunction with the Department of Education provides school health nursing services for Hernando County Schools. I understand that all health-related information I provide to the school regarding my child will be shared between the two agencies as needed in the performance of their duties. The Hernando County Public Health nurses may also provide treatment to your child when assisting in the clinic. I/we also agree that the expense for such transportation and/or emergency care shall not be borne by the School District or its employees.

_____ Print Name of Parent/Guardian	_____ Signature	_____ Relationship	_____ Date
--	--------------------	-----------------------	---------------

Medicaid Notification and Consent: If my child is covered by Medicaid and receives services under an Individual Education Plan (IEP), information may be used by the District to bill Medicaid for the following: transportation, behavioral or health services (occupational, physical, speech-language therapy, nursing, and augmentative services) as established on the IEP. IEP services are provided at no cost, regardless of consent. Parental consent may be withdrawn at any time. Any billing authorization records disclosed are available upon request. If my child is covered by Medicaid and receives services under an IEP, I consent for the District to bill Medicaid for those services provided.

_____ Print Name of Parent/Guardian	_____ Signature	_____ Relationship	_____ Date
--	--------------------	-----------------------	---------------

Please return this form promptly to your child's school. Board policy requires a current emergency number for all children. Failure to do so may result in an unnecessary delay in providing emergency assistance for your child should the need ever arise.

Please be sure that you have completed SO-GAdm-046; Parental Permission for Participation.

SCHOOL USE ONLY

- Pick up Walker Home Room teacher _____