Annual Health Services Notification

Your child has the opportunity to participate in health services through the School Health Services Plan provided by the Brevard County School District, its agents and the Florida Department of Health in Brevard County. As required in Section 381.0056, Florida Statutes, our District's School Health Services Plan helps to enhance learning by promoting health and wellness for children. The Brevard County School District has contracted with a vendor to assist in providing school health services for all of our schools. Your child's school will be staffed with a registered nurse, health technician or licensed practical nurse who is supervised by a registered nurse. The supervising nurse may be assigned to one or more schools; however, the clinic staff can assist you in contacting the registered nurse, if needed. All student health information is kept confidential and is only shared with those staff members who have a legitimate need to know health and safety concerns.

Annual School Health Services Consent/Opt Out Form: Health Services are offered to all students in the Brevard County School District with written parental consent. This consent will be valid until it is changed in writing.

Please indicate if you want your student to participate in the Health Services below. Circle yes or no. Nursing assessments, under supervision of RN Yes No Health appraisals Yes No Provide Band-Aid(s) Provide ointment (antibacterial or Calamine) Yes No Provided ice pack(s) Check vitals Yes No Check temperature Yes No Check for lice Yes No Health counseling/teaching Yes No • I give permission to use the state approved process and tool (SAFE-T w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: BPS Review of SRI Process for Parents or at https://bit.ly/3A35u5k Student Name (print): Parent/Guardian Print Name: Date: Date:	writing.			
Health appraisals Yes No Provide Band-Aid(s) Provide ointment (antibacterial or Calamine) Provided ice pack(s) Check vitals Yes No Check temperature Yes No Check for lice Health counseling/teaching Yes No Parents of Students in Grades Kindergarten Through Grade 3 I give permission to use the state approved process and tool (SAFE-T w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: BPS Review of SRI Process for Parents or at https://bit.ly/3A35u5k	Please indicate if you want your student to parti	cipate in the Health Services below. Circle y	es or no.	
Provide Band-Aid(s) Provide ointment (antibacterial or Calamine) Provided ice pack(s) Provided ice pack(s) Check vitals Yes No Check temperature Yes No Check for lice Yes No Health counseling/teaching Parents of Students in Grades Kindergarten Through Grade 3 I give permission to use the state approved process and tool (SAFE-T w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: BPS Review of SRI Process for Parents or at https://bit.ly/3A35u5k	Nursing assessments, under supervision of RN		Yes	No
Provide ointment (antibacterial or Calamine) Provided ice pack(s) Check vitals Yes No Check temperature Yes No Check for lice Yes No Health counseling/teaching Yes No Parents of Students in Grades Kindergarten Through Grade 3 I give permission to use the state approved process and tool (SAFE-T w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: BPS Review of SRI Process for Parents or at https://bit.ly/3A35u5k Student Name (print):	Health appraisals		Yes	No
Provided ice pack(s) Check vitals Yes No Check temperature Yes No Check for lice Yes No Health counseling/teaching Yes No Parents of Students in Grades Kindergarten Through Grade 3 I give permission to use the state approved process and tool (SAFE-T w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: BPS Review of SRI Process for Parents or at https://bit.ly/3A35u5k Student Name (print): Student Name (print):	Provide Band-Aid(s)		Yes	No
Check temperature Check temperature Yes No Check for lice Yes No Health counseling/teaching Yes No Parents of Students in Grades Kindergarten Through Grade 3 I give permission to use the state approved process and tool (SAFE-T w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: BPS Review of SRI Process for Parents or at https://bit.ly/3A35u5k Student Name (print): Student Name (print):	Provide ointment (antibacterial or Calamine)		Yes	No
Check temperature Yes No Check for lice Yes No Health counseling/teaching Yes No Parents of Students in Grades Kindergarten Through Grade 3 I give permission to use the state approved process and tool (SAFE-T w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: BPS Review of SRI Process for Parents or at https://bit.ly/3A35u5k Student Name (print): Student Name (print):	Provided ice pack(s)		Yes	No
Check for lice Yes No Health counseling/teaching Yes No Parents of Students in Grades Kindergarten Through Grade 3 I give permission to use the state approved process and tool (SAFE-T w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: BPS Review of SRI Process for Parents or at https://bit.ly/3A35u5k Student Name (print): Student Name (print):	Check vitals		Yes	No
Health counseling/teaching Parents of Students in Grades Kindergarten Through Grade 3 I give permission to use the state approved process and tool (SAFE-T w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: BPS Review of SRI Process for Parents or at https://bit.ly/3A35u5k Student Name (print):	Check temperature		Yes	No
Parents of Students in Grades Kindergarten Through Grade 3 • I give permission to use the state approved process and tool (SAFE-T w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: BPS Review of SRI Process for Parents or at https://bit.ly/3A35u5k Student Name (print):	Check for lice		Yes	No
I give permission to use the state approved process and tool (SAFE-T w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: BPS Review of SRI Process for Parents or at https://bit.ly/3A35u5k Student Name (print):	Health counseling/teaching		Yes	No
w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: BPS Review of SRI Process for Parents or at https://bit.ly/3A35u5k Student Name (print):	Parents of Students in Grades Kindergarten Through Grade 3		Yes	No
	w/C-SSRS) if my child expresses the they are at risk of self-harm. Link: B	at they or school personnel believes		
Parent/Guardian Print Name: Signature: Date:	Student Name (print):	· · · · · · · · · · · · · · · · · · ·		
	Parent/Guardian Print Name:	Signature:	Date: _	

Revised 2/28/23 Student Services CR