### Parent or Guardian must complete this page, sign the back of this form, and return the form to the school.

**Please mark the check box next to any condition or illness that applies to your child. Note: for medication questions, please mark the “yes” box only if child is taking medication now.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>#1</th>
<th>#2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Allergy to:</td>
<td>Food:</td>
<td>Medicine:</td>
</tr>
<tr>
<td>2. Asthma</td>
<td>Diagnosed at age:</td>
<td>Under doctor’s care now? Yes No List triggers:</td>
</tr>
<tr>
<td>3. Attention Deficit/Hyperactivity Disorder (ADD/ADHD)</td>
<td>Takes medication. Name medication(s):</td>
<td></td>
</tr>
<tr>
<td>4. Autism Spectrum Disorder</td>
<td>Diagnosed by Medical Doctor</td>
<td>Takes medication. Name medication(s):</td>
</tr>
<tr>
<td>5. Autoimmune Disease (Lupus, etc.)</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td>6. Blood disorder</td>
<td>Sickle cell anemia</td>
<td>Bleeding condition. Explain:</td>
</tr>
<tr>
<td>7. Cancer</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td>8. Cardiac/Heart condition</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td>Under doctor’s care for this condition?</td>
<td>Yes No Any physical restrictions? Yes No If yes, explain:</td>
<td></td>
</tr>
<tr>
<td>9. Cystic Fibrosis</td>
<td>Takes medication. Name medication(s):</td>
<td></td>
</tr>
<tr>
<td>10. Diabetes</td>
<td>Does child require insulin? Yes No Does child require insulin at school? Yes No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Takes medication. Name medication(s):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypoglycemia (low blood sugar). Takes medication. Name medication(s):</td>
<td></td>
</tr>
<tr>
<td>11. Digestive disorders</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td>12. Head injury (serious)</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td>13. Hearing problem</td>
<td>Uses hearing aid. Right ear Left ear</td>
<td></td>
</tr>
<tr>
<td>14. Heart condition</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td>Under doctor’s care for this condition?</td>
<td>Yes No Any physical restrictions? Yes No If yes, explain:</td>
<td></td>
</tr>
<tr>
<td>15. High Blood Pressure (Hypertension)</td>
<td>Takes medication. Name medication(s):</td>
<td></td>
</tr>
<tr>
<td>16. Kidney or bladder disorder</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Requires catheterization. Explain or type of catheterization:</td>
<td></td>
</tr>
<tr>
<td>17. Mental Health Condition</td>
<td>Takes medication. Name medication(s):</td>
<td></td>
</tr>
<tr>
<td>18. Migraines</td>
<td>Under doctor’s care for migraines? Yes No Takes medication. Name medication(s):</td>
<td></td>
</tr>
<tr>
<td>19. Muscle/bone/mobility disorder</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td>20. Seizure Disorder</td>
<td>Type of seizure(s): How long ago was the last one?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Takes medication. Name medication(s):</td>
<td></td>
</tr>
<tr>
<td>21. Vision problems</td>
<td>Explain:</td>
<td>Glasses Contacts</td>
</tr>
<tr>
<td>22. Other medical condition not listed</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td>Other medications taken not listed above:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. My child does not have any of the listed conditions or illnesses.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE: Use the “Comments” section on the back of this page for additional explanations or health information.**
NOTIFICATION OF HEALTH SERVICES PROGRAMS

The Health Services Program in Polk County Schools includes health appraisal, monitoring for communicable diseases and emergency care. It also includes the following state mandated health screenings: vision screening in grades PreK, K, 1, 3, 6, and summer programs; hearing screening in grades PreK, K, 1, 6; growth and development/Body Mass Index (BMI) screening in grades PreK, 1, 3, 6; blood pressure screening for Head Start PreK; and scoliosis screening in grade 6. In addition, individual vision and/or hearing screening may be conducted at any grade level to rule out vision and/or hearing difficulties. If you do not want your child to participate in the mandated screenings, please complete the Mandated Health Screening Opt-out Form available at your child’s school. You may also access the form from the district’s website (www.polk-fl.net/parents/formsanddocuments/default.htm). The opt-out form must be completed and submitted each school year that you do not want your child screened.

In order for your child to receive any medication or medical treatment at school, you must provide a new Authorization for Medication/Treatment signed by you and your child’s doctor each school year. All medications must be brought to school by an adult. All medications and/or treatment, equipment or supplies must be supplied by the parent/guardian.

You are required to complete the Emergency and Contact Information Form and update information annually or any time the information changes. School personnel will contact you to pick up your child if he/she is unable to remain at school due to illness or accident. If school personnel are unable to reach you, one of the adults listed on the Emergency and Contact Information Form designated to pick up your child will be contacted. School personnel will contact Emergency Medical Services in an emergency situation to take whatever action is deemed necessary for the health and safety of your child. Parents are financially responsible for any emergency care and/or transportation your child needs.

Polk County Public Schools will only share student medical information from education records in accordance with law. It may be necessary to share some information about your child with the School Board’s health care partners in order to provide and evaluate health services or obtain emergency medical treatment. Your child’s education records may also be shared with school officials who have a legitimate educational purpose for accessing such treatment records. Therefore, it is your responsibility to notify the school of any changes in the information recorded on this form.

The School Board of Polk County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, homelessness, or disability or other basis prohibited by law in any of its programs, services, activities or employment. To file concerns, you may contact the Office of Equity & Compliance in the Human Resource Services Division at (863) 534-0513.

If you require any type of accommodation to complete the application process due to a disability, please call the Human Resources Services Division at (863) 534-0781. If you are deaf or hard of hearing, please contact the Polk County School District by calling Florida Relay Service at 1-800-955-8771.

The Mission of Polk County Public Schools is to provide a high quality education for all students.