



Orange County
Public Schools

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Emergency and Student Health Information Form
School Year 2023-2024

Emergency Information - English

Student Number: _____

STUDENT INFORMATION

Last Name (Legal)	Name Suffix (i.e. Jr., II)	First Name (Legal)	Middle Name (Legal)
Preferred Name		Legal Documentation (example: custody, restraining order, etc.) If there is no Legal Alert: Enter "N/A" Please provide supporting documentation	
Parent/Guardian - Primary E-mail Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Primary Phone
Address Domicile	Apt #	City	Zip Code
Mailing Address	Apt #	City	Zip Code
Do you need communication in a language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Portuguese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Vietnamese			

Medicine Currently Taking (Prescription and Over-the-Counter (OTC))		
Medical History/Physical Limitations		
Allergies to Medication, Food, or other substances..		
Medications	Food (Diet Order Form Link-Please complete and take to school*)	Other substances

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

Last Name	First Name	Relationship	Pick up <input type="checkbox"/> Yes <input type="checkbox"/> No
Domicile Address	Apt #	City	Zip Code
Primary Phone	Cell Phone	Employer	Business Phone

Last Name	First Name	Relationship	Pick up <input type="checkbox"/> Yes <input type="checkbox"/> No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

ADDITIONAL CONTACTS ON THE NEXT PAGE

**Proof of address must be presented to the school Registration Office in order for the address to be officially changed in the system.

*Diet Order Form - Parent/Guardians must complete and sign the front of the form in its entirety. A signature releasing medical information is necessary should the physician need to be contacted regarding diets related to medical disabilities

Student Name: _____

Student Number: _____

ADDITIONAL CONTACTS

Last Name	First Name	Relationship	Contact Phone	Custody	Pick up
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOOL HEALTH SERVICES

PARENTAL OPT IN:

Pursuant to Florida Statute 1001.42, HB 1557: A parent/guardian **MUST** Opt-In for health services: Opt-In **MUST** be completed for clinic services, and other health screening services. I hereby give consent for this child to participate in the following OCPS health services: Please select yes or no next to each service.

OPTION SERVICE
 YES ☐ NO ☐ School clinic services
 YES ☐ NO ☐ Scoliosis Screening

OPTION SERVICE
 YES ☐ NO ☐ Vision screening
 YES ☐ NO ☐ Growth & Development

OPTION SERVICE
 YES ☐ NO ☐ Hearing screening

Mental Health Services: Mental health counseling referrals can be provided for services through OCPS personnel or community partners. These referrals require parental consent at the time of services.

Directions to complete digital opt in document:

1. Log in to the OCPS Parent Portal: <https://parents.classlink.com/ocps>
2. Complete Parent Consent Forms

☐ In the event of an EMERGENCY, I understand the school will access the 911 emergency medical system immediately. To expedite care, I give my permission for school personnel to provide medical information to the emergency team to initiate treatment and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other persons listed above of my child's condition and admission. I agree to be financially responsible for my child's total treatment and transport.

☐ For child with IEP or receiving ESE related services, I authorize the School Board of Orange County, Florida to release and exchange my child's confidential information to agencies of the State of Florida which would allow Orange County Public Schools to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services reference on my child's IEP and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent. Please take the student's Social Security card* to the school Registrar to finalize authorization.

By signing this form, I accept and acknowledge the terms herein.

Parent/Guardian: _____

Date: _____

(This form is effective until the first day of next school year or one year from the date signed, whichever is later)

*The School Board of Orange County, Florida is authorized to collect social security numbers ("SSN") of students as set forth in Sections 1008.386 and 119.071 (5) (a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the District. Any SSN provided in connection with enrollment will only be used for research, reporting and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Orange County, Florida for these purposes means that you consent to the use of the student's SSN in the manner described.