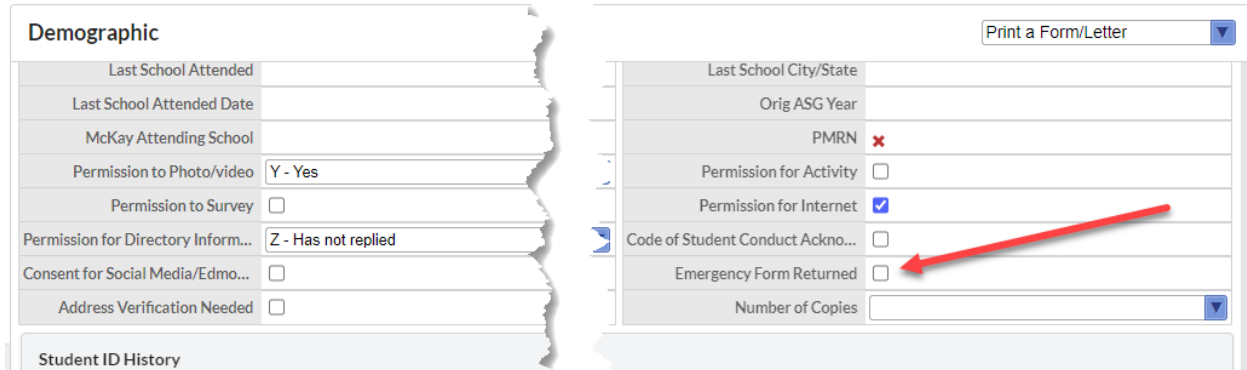


Emergency Information Forms – Entry of Paper Forms

All paper forms returned by the parent must be entered into FOCUS by the Data Entry and reviewed by the nurse.

Upon Receipt of the Completed “Paper” Form from the Parent

Check the “Emergency Form Received” checkbox on the Student Demographics screen to confirm that an emergency information form has been returned for the selected student. This will change the student’s emergency form status to “returned”. If the checkbox is unchecked, it will continue to be included in the “Not Returned” status.



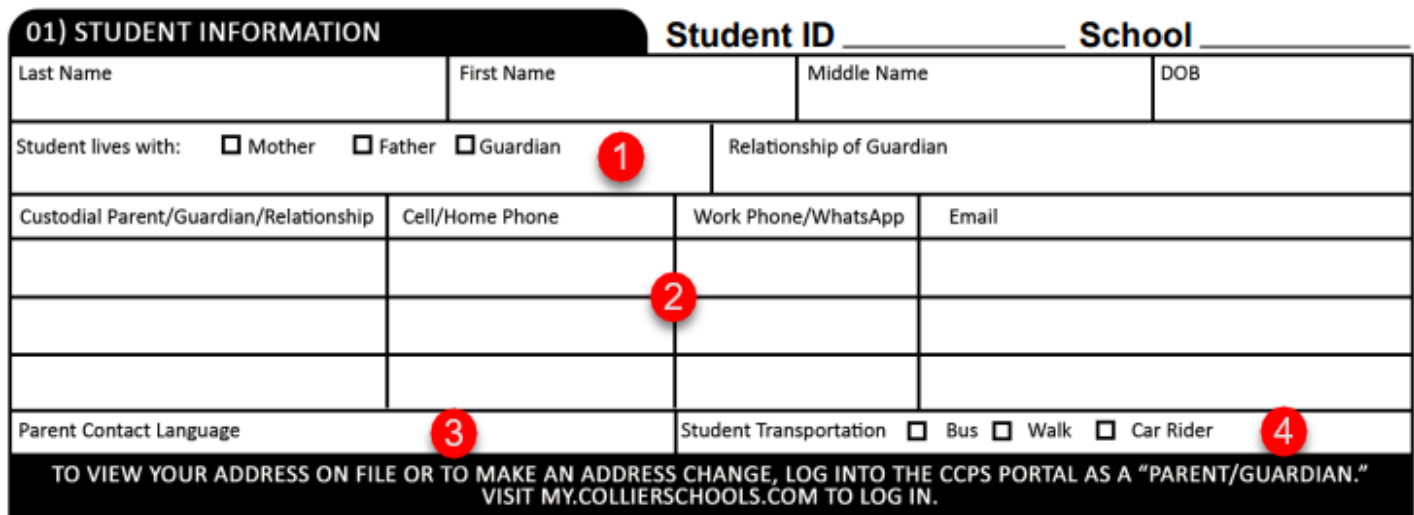
The screenshot shows the FOCUS Student Demographics screen. The left pane is titled 'Demographic' and contains fields for 'Last School Attended', 'Last School Attended Date', 'McKay Attending School', 'Permission to Photo/video' (Y - Yes), 'Permission to Survey' (checkbox), 'Permission for Directory Inform...' (Z - Has not replied), 'Consent for Social Media/Edmo...' (checkbox), and 'Address Verification Needed' (checkbox). The right pane shows the 'Emergency Form Received' checkbox, which is currently unchecked. A red arrow points to this checkbox.

Unchecked = Not Returned

Checked = Returned

Section 01) Student Information

This information pre-populates with what is currently in FOCUS.



The screenshot shows the FOCUS Student Information form. The form is titled '01) STUDENT INFORMATION' and contains fields for 'Student ID', 'School', 'Last Name', 'First Name', 'Middle Name', 'DOB', 'Student lives with' (checkboxes for Mother, Father, Guardian), 'Relationship of Guardian', 'Custodial Parent/Guardian/Relationship', 'Cell/Home Phone', 'Work Phone/WhatsApp', 'Email', 'Parent Contact Language', and 'Student Transportation' (checkboxes for Bus, Walk, Car Rider). Red circles with numbers 1 through 4 highlight specific sections: 1. Student lives with, 2. Custodial Parent/Guardian/Relationship, 3. Parent Contact Language, and 4. Student Transportation.

1. Demographics
2. Demographics > Addresses & Contacts
 - This section populates with custodial contacts listed. DO NOT DELETE custodial contact or duplicate custodial contact cards.
3. Demographics > Parent Contact Language
 - This is the language in which all correspondence would be sent.
4. Demographics > Transportation

Emergency Information Forms – Entry of Paper Forms

Section 02) Health Information

This information does not pre-populate.

02) HEALTH INFORMATION				
Check all CURRENT Medical Conditions 1				
☐ ADHD	☐ Cancer	☐ Diabetes Type 1	☐ Bleeding Disorder	☐ Mental Behavioral
☐ Asthma (medication needed at school)	☐ Cystic Fibrosis	☐ Diabetes Type 2	☐ Kidney Disorder	☐ Seizures/Epilepsy
☐ Asthma (no medication at school)	☐ Cerebral Palsy	☐ Heart Condition	☐ Lupus	☐ Sickle Cell Disease
☐ Glasses / Contacts	☐ Hearing Aids	☐ Other:		
☐ Allergy [List Type]			EPI Pen needed? ☐ Yes ☐ No	
Comments: 2				
*** YOU MUST CONTACT THE SCHOOL NURSE IF THE STUDENT HAS A HEALTH CONDITION OR REQUIRES NURSING CARE AT SCHOOL***				
Name of Child's Physician 3		Physician's Phone Number		
Is your child covered by: ☐ Private Insurance ☐ Healthy Kids ☐ Medicaid ☐ No Insurance 4				

1. Demographics > Medical > Health Conditions
2. Demographics > Medical > Health Conditions > Parent or Guardian Notes
3. Demographics > Medical > Physician and Dental
4. Demographics > Medical > Type of Insurance

Section 03) Medications

This information does not pre-populate.

03) MEDICATIONS	
Does your child require routine or emergency medication at school? ☐ Yes ☐ No 1	
If yes, specify _____	
<i>A completed and signed Medication Authorization form must be submitted to the school if medication is required.</i>	
<i>This form is available at: www.collierschools.com/HealthForms</i>	
Nurse: Reviewed by:	Date: 2

1. Demographics > Medical > Emergency Card Health Conditions Notes
2. Demographics > Medical
3. Nurse signs off on this section (on the paper form) once he/she has reviewed the Emergency Information Form.

Each emergency form with a change in health conditions should be given to the school nurse for review and follow-up.

Emergency Information Forms – Entry of Paper Forms

Section 04) Authorized Pick-Ups

This information pre-populates with contacts currently in FOCUS, but only lists a maximum of 3 contacts. There may be more.

04) AUTHORIZED PICK-UPS

If custodial parent(s) in Section 1 cannot be reached, I authorize contact with, and the release of the student to the following adults in the event of illness, evacuation or other emergency that may occur while the student is in school.

Name/Relationship	Cell/Home Phone	Work Phone

1. Demographics > Addresses & Contacts

- Make sure the relationship and contact phone number is listed.
- DO NOT DELETE duplicate custodial contact cards.
- DO NOT DELETE custodial contacts.

Section 05) Parental Notifications

This information does not pre-populate.

05) PARENTAL NOTIFICATIONS

Parental Responsibilities and Authorizations: In case of an emergency, I give permission for my child to be evaluated and/or transported to a hospital by Emergency Medical Services (EMS) and I assume responsibility for any and all related charges. I accept responsibility to notify the school of any changes of home address, phone numbers, or health status of my child. If my child has a health condition that may require management while he/she is in school, I will inform the school principal and/or school nurse of the health condition(s) and discuss a plan of care.

Medicaid Notification and Consent: If your child is enrolled in Medicaid and receives school-based services, the District may bill Medicaid for services in your child's plan of care, such as transportation, behavioral health/services (occupational, physical, speech-language therapy, nursing, and related services). These services are provided at no cost to you, and billing Medicaid will not affect your child's benefits, eligibility, or lifetime coverage. You may withdraw your consent at any time. Records related to billing are available upon request.

I give permission for the District to bill Medicaid for covered services:

☐ Yes ☐ No

Health Screenings Provided: These are listed at www.collierschools.com/students-families/health-services. Parents will be informed of all screening results. The notification to parents of the right to elect or not elect such services is consistent with their parental rights under F.S. chapter 1014 and HB 15571. I understand that if I do not want my child to receive these screenings, I must notify the school in writing of the specific services that are being declined prior to the screening date(s) at my child's school. The opt-out form is available at www.collierschools.com/students-families/health-services. Please Note: If notification is not received, the District and its partners will presume the health screening of your child will proceed.

Health Services to be Provided: The District School Board of Collier County (CCPS) provides routine and emergency health services to students in partnership with: Florida Department of Health, Collier County, (DOH-Collier), the Ronald McDonald Care Mobile, University of Miami/Bascom Palmer Eye Institute (UM/BPEI), University of Florida College of Dentistry, (UF), and Florida Heiken Children's Vision Program (Heiken).

I consent to the following additional free health services for my child:

School Health Basic First Aid Services

☐ Yes ☐ No

Checking "No" means your child will not receive any services from the school clinic, except in the case of a life-threatening emergency, in which emergency care will be provided.

Non-academic Counseling/Mental Health Services ☐ Yes ☐ No

Checking "No" for Non-Academic Counseling/Mental Health Services means school-based counseling staff will not be able to support your child in developing life skills and responsible decision-making, or help address barriers to learning such as peer relationships, conflict resolution, bullying, and self-management.

Parental Certification: I confirm that the emergency contact and health information provided is true and accurate to the best of my knowledge. I understand and agree that information contained on this form, and other health information collected from health services provided at school including my contact information may be shared with appropriate school staff, District partners, District after-school programs, and health care professionals according to the Health Insurance Portability and Accountability Act (HIPAA), the provisions of the federal Family Educational Rights and Privacy Act (FERPA) and related state law. In providing my consent, I recognize that I am waiving certain rights to privacy and confidentiality under HIPAA in the best health interest of my child. (see Policies 8330, 8350)

Parent/Guardian Signature

Relationship

Date

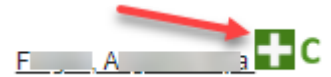
1. Demographics > Medical > Parent Medicaid Consent Date

- If the parent selects YES, enter the date the emergency form was signed.
- If the parent selects NO, writes N/A, or does not answer the question, there is no action taken.

Emergency Information Forms – Entry of Paper Forms

2. Demographics > Medical

- Selecting yes for this field will trigger the basic first aid services icon (green cross)



3. Demographics > Mental Health

- Selecting Yes for this field will trigger the counseling icon (green C)



4. Make sure the form is signed and dated by the parent/guardian.

Once you have entered/updated information as needed, give ALL paper emergency forms to the Nurse for review. The Health Clinic Aide reviews ALL forms and gives the Nurse the ones that need to be reviewed. Forms are returned to Data Entry once the Nurse has completed the review.