



Notice of Health Services and Mandated Health Screenings



Dear Parents/Guardians:

Your child has the opportunity to participate in health services provided by the Sumter County School Board in partnership with the Florida Department of Health, Sumter County as defined by Florida Statute 381.0056.

The mission of the health services team is to enhance learning by promoting health and wellness for children in Sumter County. Our elementary school clinics are staffed with a Registered Nurse. The secondary schools are staffed with a Certified Nurse Assistant. Health information is confidential and is shared only with school staff that has a legitimate need to know.

Health Services may include:

Nursing Assessment	Health Education	Health Counseling
Emergency Care	Health Promotion	Health Consultations
Record Review	Health Risk Assessment	Health Screenings
Disease and Injury Prevention		Referrals and Follow-up

State and program mandated screenings are performed in the grades listed below. Enhanced screenings may include: Dental screenings provided by Langley Medical Services and Sumter Molar Coaster provided by Department of Health. Individual students may be referred for vision and hearing screenings as needed. Furthermore, students entering a Florida school for the first time in grades K-5 will be screened for vision and hearing. Parents are encouraged to seek medical evaluation of problems identified through the screening process. If you need insurance you can apply for Florida's Kid Care low cost insurance at floridakidcare.org or call 1-888-540-5437 or (TTY) 1-800-955-8771 for more information. Please call your child's school and speak to the school health staff if you wish to discuss your child's health or have any health related questions.

Screenings:

- Vision----- K, 1, 3, 6
- Hearing----- K, 1, 6
- Growth and Development (Height & Weight with Body Mass Index, BMI*) ----- 1, 3, 6 and 9 (optional)
- Scoliosis (abnormal curvature of the spine) ----- 6

Results of these screenings (V, H, HT & Wt., BMI* and Scoliosis) will be available in the parent portal of Skyward at <https://student.sumter.k12.fl.us/scripts/wsisa.dll/WService=wsEApplus/fwemnu01.w>

If you ***DO NOT*** wish for your child to participate please check which screening/s and return the bottom portion of this form to your to the school within 10 days of school starting.

STUDENT HEALTH SCREENING OPT-OUT

To be filled out by parent/guardian and returned to school health staff

Student's Name _____ DOB _____ School _____ Grade _____

I ***do not*** wish to have my child participate in the following mandated screenings:

Teacher: _____ Vision _____ Hearing _____ Ht/Wt/BMI _____ Scoliosis _____

Parent/Guardian Signature _____ Date _____

Parents and secondary level students are encouraged to join and/or attend **SHWAC** (School Health and Wellness Advisory Committee). If you are interested and/or have questions about SHWAC you are asked to contact the clinic personal at your child's school.

***BMI determines whether a student is within normal growth pattern.**