

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA AND  
FLORIDA DEPARTMENT OF HEALTH IN SARASOTA COUNTY  
SCHOOL HEALTH SERVICES  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**HEALTH EMERGENCY INFORMATION 2022-2023**

**Instructions:** Complete and sign this form and return it to the school office.

Student Name (Print) \_\_\_\_\_  
Last First Middle

DOB \_\_\_\_\_ Student No. \_\_\_\_\_ Grade (2022-2023 school year) \_\_\_\_\_

Current School \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Physician phone number \_\_\_\_\_

Allergies (Specify) \_\_\_\_\_

Significant Health History \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to contact the appropriate emergency medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where my child is unable to remain at school, I request that the school contact me or one of the other persons listed on the Student Registration Form to arrange transportation for my child. In the event no person designated on the Student Registration Form is available, emergency medical services may be contacted for further assessment and possible transport and treatment. I understand that I must notify the school if there are any changes in this health emergency information.

\_\_\_\_\_  
Parent/Guardian Name (Print) Parent/Guardian Signature Date