



**Office of the Superintendent**

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**The School Board of  
Broward County, Florida**

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Dr. Vickie L. Cartwright  
Superintendent of Schools

**Welcome to the New School Year!**

Dear Students and Parents:

As your Superintendent, I am dedicated to working with the staff, parents and community to meet the educational needs of all students in a safe learning environment.

The Code of Student Conduct, Policy 5.8, provides specific information regarding the rules that all students are expected to adhere to, as well as consequences for violations of the policy set forth in this document. The Code of Student Conduct policy addresses expectations for all students in terms of consistent and timely attendance, respect for people and property, appropriate dress, technology usage, student publications, student activities, student records and the right to appeal, including grievance procedures. Please review all information in the Code of Student Conduct policy carefully and together discuss the consequences of violating the rules.

The Code of Student Conduct, Policy 5.8 will be distributed electronically. Students and parents are required to sign a statement indicating that they have accessed their Code of Student Conduct booklet online, are aware of the explanation of rules it provides in policy and have selected their options for media and directory information release.

It is important for you to review the Code of Student Conduct, Policy 5.8 annually because it incorporates changes from previous versions. A list of substantive changes can be found on page ix. You may view the Code of Student Conduct under School Board Policies on the District website ([www.browardschools.com](http://www.browardschools.com)). You may also view the Code of Student Conduct video on BECON television and on the district's website. Schools will provide parents and students with the program schedule.

I hope you experience a fulfilling, engaging and safe school year as we strive to continue educating today's students for tomorrow's world.

Sincerely,

Dr. Vickie L. Cartwright  
Superintendent

VLC/VFH/DW/ar

**Educating Today's Students to Succeed in Tomorrow's World**

Broward County Public Schools is an Equal Opportunity Employer



Established 1915

**BROWARD**  
County Public Schools

# Code of Student Conduct

## *Summary of Changes*

### **Deletions, Revisions and Clarifying Language pertaining to:**

- Introduction & Guiding Principles
- Introduction & Guiding Principles – Section C
- Section III – Dress Code
- Section IX – Zero Tolerance
- Section IX – Preventing Recidivism through Opportunities, Mentoring, Interventions, Supports & Education
- Section IX - Medication: Use, Possession, Sale, and/or Transmittal Leading to Suspension and Possible Expulsion
- Section IX – Consequences of Serious Misbehavior Leading to Suspension and/or Expulsion
- Section IX – Drug and Substance Abuse Offenses Leading to Suspension and Possible Expulsion
- Section IX – Use, Possession, Sale, and/or Transmittal of Tobacco, Tobacco Products, Nicotine, E-Cigarettes, Vapor Devices and/or Components of E-Cigarettes, Vapor Devices or Similar
- Section IX – Use and/or Possession of Leaf Marijuana (less than 20 grams), Alcohol, and/or Other Mood-altering Substances
- Section IX – Being Under the Influence of Leaf Marijuana, Alcohol, and/or Other Mood-altering Substances
- Section IX – Use, Possession, Sale, Attempted Sale, Transmittal of Drug Paraphernalia
- Section IX – Use, Possession of Unauthorized Substances are Prohibited
- Section IX – Being Under the Influence of Unauthorized Substances are Prohibited
- Section IX – Procedures for Sale, Attempted Sale, and/or Transmittal of Alcohol or Alcoholic Beverages, Including Substances Held Out or Represented to be Alcohol or Alcoholic Beverages
- Section IX - Procedures for Possession with Intent to Sell, Sale, Attempted Sale, and/or Transmittal of Leaf Marijuana (Less Than 20g). Sale, Attempted Sale, and/or Transmittal of Drugs or Mood-Altering Substances, Unauthorized Substances or Other Substances Held Out or Represented to be Drug or Mood-Altering Substances
- Section IX – Other Offenses (Non-Drug and Non-Substance Abuse Offenses) Leading to Suspension and Possible Expulsion
- Section IX – Offenses Leading to Mandatory Expulsion
- Section IX – Mandatory Expulsion
- Section IX - Weapons - Class B (Possession, Displaying, Using, Selling, Transmitting) are restricted from school grounds,/property, school-sanctioned activities and transportation. This category includes, but is not limited to:
- Section IX – Other Definitions for this Policy
- Section X – Right to Appeal
- Appendix – Discipline Matrices

### **Additional Language:**

- Guiding Principles and Parental Rights
- Section II – The Hope Scholarship Program
- Section VI - Moment of Silence
- Section IX – Zero Tolerance
- Section IX - Consequences of Serious Misbehavior Leading to Suspension and/or Expulsion
- Section IX – Drug and Substance Abuse Offenses Leading to Suspension and Possible Expulsion
- Section IX – Offenses Leading to Mandatory Expulsion
- Section IX - Workback Program Opportunities
- Section IX - Other Definitions for this Policy



# Acknowledgement

Policy 5.8, Code of Student Conduct, lists the District's rules for students in Broward County Public Schools. The rules apply to all activities occurring on school grounds, on other sites being used for school activities, and on any vehicles authorized to transport students. Your signature below does not indicate that you agree or disagree with the rules, **but rather that you have reviewed the electronic copy of these rules** (<http://www.browardschools.com/codeofconduct>). Return this form to school within 3 days from the first day of school or from the date of enrollment. If you would prefer to complete all required forms electronically, please access the Back to School Toolkit (<https://www.browardschools.com/bts-onlineforms>).

Parents need to be involved in the education of their children and have the responsibility to:

- Know that for school safety, schools are not required to provide supervision more than 30 minutes prior to the official starting time, nor are they required to provide supervision for more than 30 minutes after the official closing time (F.S. 1003.31 (2)).
- Know that for school safety, for students who ride a school bus, drivers are NOT permitted to let students off the bus except at the designated stop.
- Provide the school with the names of current emergency contact person(s) and/or telephone numbers on an annual basis and when there are changes.
- Notify the school of anything that may affect their child's ability to learn, to attend school regularly, or to take part in school activities.
- Be aware that medicine must be administered in accordance with SB Policy 6305 and 6305.1, as may be amended, and that consequences for transmittal and/or sale or attempted sale of over-the-counter medications and possession and/or use of unauthorized medications can be found in SB Policy 5006. SB Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SB Policy 5006 outlines the consequences for violating those rules. You may view the complete health and suspension and/or expulsion policies, as well as all School Board policies, on the Web at: <https://www.browardschools.com/Page/37754>
- Be aware that parents have rights with regard to the privacy and confidentiality of student records that are maintained by schools as defined in Section VIII of this booklet.
- Neither the School Board of Broward County nor its employees will be held liable for items that are prohibited and are lost, stolen, or confiscated; or for wireless communication devices or other personal technology that are lost, stolen, or confiscated.
- Be aware that confiscated items not claimed by the end of the school year will be donated to local charities.
- Recognize that they are responsible for their student's behavior on the way to and from school and at the bus stop. A safe and respectful learning environment is key to academic achievement; therefore any student's off campus actions that seriously affect a student's ability to learn or a staff member's ability to teach may be handled as a disciplinary infraction. For serious incidents that occur at bus stops and/or that are not on School Board property, parents should contact law enforcement directly. For bullying incidents (see bullying definition, Section II), school officials should be notified and will investigate and/or provide assistance and intervention, as the principal/designee deems appropriate, which may include the use of the School Resource Officer.
- Ensure their child demonstrates legal, ethical and responsible use of technology including networks, digital tools, the Internet, and software, as defined in Section IV of this booklet.
- Parents will continue to maintain responsibility for students who reach the age of majority, (18 years or older), for all educational and discipline purposes, with exceptions as provided by statute.

**Note: Parental selection for each form within the Code of Student Conduct will be effective until a new form is submitted.**

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Media Release Form 2022/2023 School Year (All Grades)

As a parent of a student in Broward County Public Schools, I understand that my child may be photographed, videotaped and/or interviewed by news media, schools and the District for informational and/or promotional purposes, as indicated below

## You Must Mark a Choice in Both Section A and Section B

(If no choice is marked in both sections, then the choice will default to Choice #1)

### Section A - External Outlets/Media

Please Check Choice #1 or Choice #2

1. \_\_\_\_ I **WILL** permit my student to be photographed, videotaped, and/or interviewed by the news media when the news media has secured proper authorization from Broward County Public Schools.
2. \_\_\_\_ I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed by the news media.

### Section B - Broward County Public Schools

Please Check Choice #1 or Choice #2

1. \_\_\_\_ I **WILL** permit my student to be photographed, videotaped, and/or interviewed for school publications (e.g., yearbooks and school newspapers), school and District communication tools (e.g., websites and social media), BECON-TV, and school events and activities. **Note: To facilitate school publications, the District may disclose information to approved vendors, such as student's name, student's home address, student/parent phone number, grade level, teacher names and classroom numbers. For sporting events, athletic team member positions and jersey numbers may be disclosed.**
2. \_\_\_\_ I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed for school publications (e.g., yearbooks and school newspapers), school and District communication tools (e.g., websites and social media), BECON-TV, and school events and activities.

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# FERPA Opt-Out Notification Form 2022/2023 School Year (All Grades)

**ATTENTION!** Checking items below will prevent the selected information from appearing in school publications, including, but not limited to, the yearbook, even if you provide permission in Section B on the Media Release Form.

For Example: Checking "Student's Name" below may prevent the student's photograph from appearing in the yearbook.

## PURPOSES OF DISCLOSURE OF DIRECTORY INFORMATION

"Directory Information" is personally identifiable information that would not generally be considered harmful or an invasion of privacy if disclosed. Pursuant to FERPA, SBBC may disclose, in its discretion, directory information of a student in any grade level, if the parent or student age 18 or over did not "opt out" of the disclosure. SBBC reserves the right to release the Directory Information only:

- (a) to colleges, universities or other institutes of higher education in which the student is enrolled, may seek enrollment or may be recruited;
- (b) for athletic events, school publications, instructional materials and other school communication tools (including, but not limited to, yearbooks, athletic programs, graduation programs, recruitment brochures, theatrical programs, school and District websites, social media, and postings and displays throughout the school facility);
- (c) to Broward County health officials for purposes of communicating with parents to address conditions of public health importance as determined by Florida Department of Health (64D-3, F.A.C.), including information to meet or to prepare for a potential or confirmed health threat; and/or
- (d) to class reunion committees (and the like) for purposes of class reunion activities.

## TYPES OF DIRECTORY INFORMATION

Parents/guardians of students in any grade level, or eligible students (those over the age of 18, emancipated, or attending a postsecondary institution), may opt out of having any or all of the following types of directory information disclosed by indicating, with a check mark (✓), those items NOT TO BE DISCLOSED:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Student's Name       | <input type="checkbox"/> Parent's Name   | <input type="checkbox"/> Residential Address                        |
| <input type="checkbox"/> Telephone Number(s)  | <input type="checkbox"/> Date of Birth   | <input type="checkbox"/> Place of Birth                             |
| <input type="checkbox"/> Major Field of Study | <input type="checkbox"/> School-Sponsored Activities and Sports                      | <input type="checkbox"/> Height and Weight of Athletic Team Members |
| <input type="checkbox"/> School Grade Level   | <input type="checkbox"/> Dates of School Attendance                                  | <input type="checkbox"/> Jersey Number and Team Position            |
| <input type="checkbox"/> Degrees & Awards*    | <input type="checkbox"/> Name of the Most Recent/Previous School or Program Attended | <input type="checkbox"/> Room Number                                |

\*Degrees and awards include exemplary work (including artwork), recognitions of all types, and graduation status (i.e., a list of graduating students), and exclude Grade Point Average (GPA).

**Note: This form must be completed and submitted to the school on an annual basis, regardless of whether any of the above items were checked or not, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year.**

Student Name \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian/Eligible Student's Name (Print) \_\_\_\_\_

Parent/Guardian/Eligible Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Regarding former students, SBBC shall continue to honor any valid request to opt out of the disclosure of directory information made while a student was in attendance, unless the former student rescinds the opt out request (34 CFR 99.37(b)).**

For parents in selected occupations:

*Note: Pursuant to Florida Statute 119.071, for individuals in certain occupations (as well as their spouses and children), selected personal information is confidential and exempt from public disclosure, only if the individual submits a written request for the exemption. If you are employed in a qualifying occupation and wish to request that your, your spouse's and your child's personal information remain confidential, please schedule an appointment with your child's school in order to complete the Parental Request for Exemption of Personal Information for Selected Occupations form.*

# ESSA Opt-Out Form (11<sup>th</sup> & 12<sup>th</sup> Grades) 2022/2023 School Year

## MILITARY & POSTSECONDARY

Pursuant to the Every Student Succeeds Act (ESSA), the District is required to disclose, upon request, **student name, address, and telephone number** of 11<sup>th</sup> and 12<sup>th</sup> graders without prior written consent to:

- **Armed services/military recruiters** (the District Commander or Senior Officer of the regional or satellite offices of the Armed Forces, including the United States Coast Guard) for their use in mailing notices to students in regard to opportunities available to them in the United States Armed Forces. Confidentiality of the list shall be protected by the armed services personnel responsible for such lists.
- **Institutions of higher education** (postsecondary institutions). Confidentiality of the list shall be protected by the higher education personnel responsible for such lists.

However, parents/guardians and eligible students (those over the age of 18), may opt out of having this information disclosed by indicating their choice below.

### Information disclosed to armed services/military recruiters:

1. \_\_\_\_\_ I **WILL** permit the limited information listed above to be disclosed to armed services/military recruiters.
2. \_\_\_\_\_ I **WILL NOT** permit the limited information listed above to be disclosed to armed services/military recruiters without prior permission.

### Information disclosed to postsecondary institutions:

1. \_\_\_\_\_ I **WILL** permit the limited information listed above to be disclosed to postsecondary institutions.
2. \_\_\_\_\_ I **WILL NOT** permit the limited information listed above to be disclosed to postsecondary institutions without my prior permission.

**Note: This form must be completed and submitted to the school on an annual basis, regardless of the chosen option, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year.**

In addition to this form, all 11<sup>th</sup> and 12<sup>th</sup> grade students must also complete the FERPA Opt-Out Notification Form provided in the Code of Student Conduct.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_

Parent/Guardian/Eligible Student's Name (Print) \_\_\_\_\_

Parent/Guardian/Eligible Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Family Life/Human Sexuality Exemption Form 2022/2023 (All Grades)

Florida Statute 1003.42, requires instruction in Human Sexuality Education as part of a Comprehensive Health Education Program. The School Board of Broward County, Florida, has authorized teaching Family Life/Human Sexuality and HIV/AIDS Prevention as a component of Health Education.

Policy 5315, Family Life/Human Sexuality, states in part:

“It is essential that a universal comprehensive sexual health curriculum that follows the National Sexuality Education Standards be in place in order to make certain every student receives the same quality information necessary to support their education and live a healthy life.”

Broward County Public Schools respects the rights of parents and their role in the education of their children. According to F.S. 1003.42(3), “Any student whose parent makes written request to the school principal shall be exempt from the teaching of reproductive health or any disease, including HIV/AIDS, its symptoms, development, and treatment. A student so exempted may not be penalized by reason of that exemption.”

**Only if you wish for your child to be excused from attending this course, should you complete the form below and return it to the school. Your child will then be scheduled into an alternative assignment during the Family Life/Human Sexuality lessons.**

We appreciate your interest and cooperation in the implementation of our Comprehensive Health Education Program.

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The Family Life/Human Sexuality curriculum will be presented by District trained teachers selected by your school principal and may include presentations from District approved experts in the field of sexually transmitted infection prevention as a supplemental resource.

You may review the curriculum content and instructional materials by visiting <https://www.browardschools.com/page/33679> or by scheduling an appointment with your child’s school. Additional parent resources and videos for strategies on how to talk to your child about sexual health are available at <https://www.browardschools.com/page/45860>.

**Note: Please check the box and sign below, to exempt your child from participation in the curriculum. This form should be completed and submitted to the school on an annual basis, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year. Failure to return this form constitutes permission for your child to participate in the Family Life/Human Sexuality curriculum.**

I **DO NOT** want my child to participate in any of the Family Life/Human Sexuality lessons.

School Name \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

1400 N.W. 14<sup>th</sup> Court • Fort Lauderdale, Florida 33311 • Office: 754-321-1575 • Fax: 754-321-1696

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Coordinated Student Health Services  
Gail Adams, Director (Task Assigned)  
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**The School Board of  
Broward County, Florida**

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Dr. Vickie L. Cartwright  
Superintendent of Schools

Dear Parent,

The following information is to assist you, as the parent/guardian, with providing health information required for your child by Broward County Public Schools. If you should have any questions, please feel free to contact your school.

### **Communicable Diseases/Illnesses**

Please inform the school if your child is out sick with a diagnosed communicable illness such as COVID-19, meningitis, measles, salmonella, etc.

### **Please keep your child home if your child has:**

- Flu-like symptoms
- Fever greater than 100.4 degrees
- Persistent cough
- Headache
- New loss of taste or smell
- Shortness or breath/difficulty breathing
- Chills
- Muscle or body aches
- Nausea
- Vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose
- Sore throat
- Rashes, yellow eye drainage, or greenish-yellow phlegm from

### **Chronic Health Conditions**

If your child has any of the following health conditions, including, but not limited to, asthma, diabetes, cystic fibrosis, sickle cell anemia, seizures, allergic reactions to food, insect bites, etc., please inform the school.

### **Parents should:**

- Document the chronic health condition on the Student Emergency Contact Card and complete the history on the back of the card
- Meet with school administration to discuss care of the student while at school
- Provide the school with a current Medication Authorization form signed by the healthcare provider and parent, if the student is on medication



- Provide the school with the medications listed on the current Medication Authorization form in the original container.

**Note: A Diabetes Medication/Treatment Authorization form must be completed by the healthcare provider and parent for students with diabetes. Students who received insulin via an insulin pump must also complete an Insulin Pump Medication/Treatment Authorization form.**

#### **Medication Administration at School (Prescription or Over-the-Counter)**

- No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written authorized prescriber order. This includes both prescription and over-the-counter (OTC) medications.
- The parent/guardian is responsible for filling out Part I and obtaining the authorized prescriber's order and signature on Part II. A new Medication Authorization form must be completed every 12 months or when changes are made to an existing Medication Authorization. Information necessary includes student's name, diagnosis, allergies (specify none or n/a if there aren't any), medication name, strength of medication, dosage, time of administration, route of administration, possible side effects, prescriber's signature and date.
- All medications will be administered by onsite healthcare personnel or by a trained school staff member designated by the principal.
- All prescription medication must be provided in an original pharmacy container with the pharmacy label attached. The pharmacy label cannot be expired. Non-prescription OTC medication must be received in the original packaging with the safety seal intact.
- The first day's dosage of any new non-emergency medication must have been given at home before it can be administered at school.
- The parent/guardian is responsible for collecting any unused portion of a medication after expiration date of the medication or expiration date of the authorized prescriber's order. If the medication is unclaimed by the parent/guardian after three contact attempts, the medication will be forwarded to the Risk Management department and will be destroyed.
- An authorized prescriber's order and parent/guardian permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma or epinephrine auto-injectors/Auvi-q auto injectors for anaphylaxis. **It is imperative that the student understands the necessity for reporting to either the school nurse or school staff members that they have self-administered their inhaler without any improvement or have self-administered an epinephrine/Auvi q auto injector so 911 may be called.**
- The school nurse will call the authorized prescriber, as allowed by the Health Insurance Portability and Accountability Act (HIPAA), if a question arises about the student and/or the student's medication.

#### **Authorization for Selected Over-the-Counter Medication (OTC) with Parental Approval (Grades 9-12 Only)**

If your child needs to take over-the-counter (OTC) medication at school or on a field trip, an Authorization for Selected Over-the-Counter Medication (OTC) with Parental Approval form must be completed and signed by the parent/guardian, student and be notarized.

- Self-carry, self-administration of the selected over-the-counter medications only:
  - o Tylenol
  - o Midol
  - o Ibuprofen
  - o Tums
  - o Allegra
  - o Claritin
  - o Lactaid

#### **Authorization for Over-the-Counter (OTC) Topical Products with Parental Approval**

- Students in all grade levels are permitted to self-carry and self-administer bug, insect, mosquito repellent (wipes, towelettes or lotions only) and sunscreen (no aerosol products permitted).
- An Authorization for Over-the-Counter (OTC) Topical Products with Parental Approval Only form must be completed and signed by the parent/guardian.

**Note: Plan ahead for field trips if your child needs medication for an overnight trip that he/she may not normally take at school. Update changes to your child's health condition as they occur.**

#### **Immunizations (Please refer to F.S. 1003.22)**

- Make sure your child's required immunizations are up to date. If you are not sure, you can check with your healthcare provider or the Florida Department of Health-Broward at (954) 467-4700.
- Parents may obtain medical exemptions from their healthcare provider or a religious exemption from the Florida Department of Health-Broward.

Additional information on school entry requirements is available at <https://www.browardschools.com/Page/56759>. If you have any questions, please contact your child's school.

# Authorization for Medication Form 2022/2023 (All Grades)

## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

### Authorization for Medication/Treatment Prescription or Over-the-Counter (OTC) Medication

#### PART I: TO BE COMPLETED BY PARENT/GUARDIAN

I grant the principal or his/her designee the permission to assist or perform the administration of each medication to or for my child during the school day, including when he/she is away from school property for official school events. If my child has been authorized by his/her physician to self-administer their medication(s), I grant permission for my child to self-administer their medication at school and when they are away from school property for official school events. If my child is unable to self-administer their medication, I give permission for the principal/designee to perform the administration of the prescribed medication. I give permission to contact the physician/provider prescribing this medication(s) to clarify information provided on the authorization should the need arise.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

#### PART II: TO BE COMPLETED BY PHYSICIAN/PROVIDER

Allergies \_\_\_\_\_

Diagnosis \_\_\_\_\_

MEDICATION	STRENGTH	DOSAGE	TIME(S) TO BE GIVEN	ROUTE	SIDE EFFECTS

Please check the appropriate box:

- I believe that this student has received adequate information on how and when to use their medication and they can use it properly.
- The student is to carry the medication on their person with the principal's knowledge. (An additional supply, to be used as backup may be kept in the school health room or other approved locations)
- The medication will be kept in the school health room.

Please list any limitations/precautions that should be considered \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician's Telephone # \_\_\_\_\_ Physician's Fax # \_\_\_\_\_

Date Completed \_\_\_\_\_

#### PART III: TO BE COMPLETED BY SCHOOL HEALTH NURSE/DESIGNEE

Check as appropriate:

- Parts I and II are completed in entirety, including signatures.
- Prescription medication is properly labeled by pharmacist.
- Medication authorization and medication label are consistent and pharmacy label is **NOT** expired.
- Over-the-counter medication is in an original container with the manufacturer's dosage and label, labeled with student's name and safety seal is intact.
- Medication has been signed into clinic by parent and counted with school staff member.

\_\_\_\_\_  
School Designee/Healthcare Personnel (Print)

\_\_\_\_\_  
School Designee/Healthcare Personnel (Signature)

\_\_\_\_\_  
Date

**Authorization for Selected Over-the-Counter (OTC) Medication with Parental Approval (Grades 9-12)  
2022/2023**

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

**Authorization for Selected Over-The-Counter (OTC) Medication with Parental Approval Form (Grades 9-12)**

**Instructions:** Each section must be completed by parent/guardian for student to self-carry or self-administer any of the selected over-the-counter (OTC) medication with parental approval only. The form is void if any section is incomplete. This form is to be signed by the parent/guardian, student and notarized.

**I. Student/Parent Information**

Student's Name (Print Name)	Birth Date	Allergies	Grade
Parent/Guardian (Print Name)		Address	
Home Phone	Work Phone	Other Phone	
<b>II. Medication (To Be Completed by Parent/Guardian)</b>			

THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 20\_\_\_\_ - 20\_\_\_\_ OR FROM \_\_\_\_\_ TO \_\_\_\_\_  
**Only ONE** medication may be selected. Only **2 doses** of the medication are allowed on person

Medication to be Administered by Mouth	Dosage and Times	Symptoms	Comments	Expiration Date of Medication
Acetaminophen (Tylenol) <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	For relief of minor aches and pain; (100.4 temperature will not be treated in school)	Student with temperature over 100.4 must be sent home	
Calcium Carbonate <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	For stomach ache or heart burn	Alert: May cause constipation	
Ibuprofen (Advil, Motrin) <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	For the relief of body aches & menstrual cramps; (100.4 temperature will not be treated in school)	Alert: Contains no aspirin but should not be given if student has asthma or allergy to aspirin	
Midol <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	Menstrual cramps	Alert: Aspirin sensitive students should be careful	
Allegra <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	For relief of the symptoms of seasonal allergies (sneezing, itching, runny nose)	Alert: Avoid taking any other cold or allergy medicine unless your doctor has told you to	
Lactaid <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	Lactose intolerance	No common side effects when used in small doses	
Claritin <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	For relief of the symptoms of seasonal allergies (sneezing, itching, runny nose)	Alert: Avoid taking any other cold or allergy medicine unless your doctor has told you to	

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**III. Parental Permission (To be completed by Parent/Guardian only)**

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By signing below, I (the parent or legal guardian) understand that the selected over-the-counter medication with parent only permission will be self-carried and self-administered by the student. I understand that if I permit my child to self-carry and self-administer medication, I assume full responsibility for any consequence resulting from medication administration by my child. I understand that all medication must be in the original container and clearly labeled with the student's full name. I understand and have discussed with my son/daughter that if he/she uses the OTC medication in excess of the authorized two (2) daily doses, sells or transmits this medication, he/she will receive the consequence as outlined in the District's Discipline Matrix. By signing this form, I assume full responsibility of any consequence resulting from the self-carry and self-administration of the selected over-the-counter medications. I am also releasing The School Board of Broward County, Florida from any liability that results in my son/daughter using the medication in excess of the authorized doses, selling or transmitting any of the medication identified above.

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

Parent/Guardian Signature \_\_\_\_\_ Relationship to the Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

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**IV. Student Acknowledgement (To be completed by Student only)**

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Student Name (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_

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**V. To Be Completed by Notary Public Only**

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STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_.

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

(Notary Seal)

\_\_\_\_\_  
Official Notary Signature

\_\_\_\_\_  
Printed Name of Notary

# Authorization for Over-the-Counter (OTC) Topical Products with Parental Approval (All Grades) 2022/2023

## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

### Authorization for Over-The-Counter (OTC) Topical Products with Parental Approval Form (All Grades) Effective for School Year 20\_\_\_\_ - 20\_\_\_\_

**Instructions:** Each section must be completed by parent/guardian for student to self-carry and self-administer any of the listed Over-the-Counter Topical Products with parental approval only. The form is void if any section is incomplete.

<b>I. Student/Parent Information</b>			
Student's Name (Print Name)	Birth Date	Allergies	Grade
Parent/Guardian (Print Name)		Address	
Home Phone	Work Phone	Other Phone	

To Be Completed by Parent/Guardian

#### NO AEROSOL OR PUMP PRODUCTS PERMITTED

<p><b><u>Bug, Insect &amp; Mosquito Repellent</u></b></p> <p>Self-carry and self-administration of wipes, towelettes or lotions only</p> <p>Parent Initial: _____</p>	<p>Administer according to the manufacture's label</p>
<p><b><u>Sunscreen Products</u></b></p> <p>Self-carry and self-administration</p> <p>Parent Initial: _____</p>	<p>Administer according to the manufacture's label</p>

#### **Parental Permission (To be completed by Parent/Guardian only)**

By signing below, I (the parent or legal guardian) understand that the over-the-counter topical products with parent only permission will be administered by the student and not by healthcare personnel. I take full responsibility that the topical product that I have signed for is age-appropriate. I understand that I may permit my child to self-carry and self-administer the above listed topical products and I assume full responsibility for any consequence resulting from topical products administration by my son/daughter. I understand that all topical products must be carried on self, in the original sealed container and clearly labeled with the student's full name. I understand and have discussed with my son/daughter that if he/she inappropriately uses, sells or transmits the topical products, he/she will be issued a consequence as outlined in the District's Discipline Matrix. By signing this form, I assume full responsibility of any consequence resulting from the administration of the above listed topical products. I am also releasing The School Board of Broward County, Florida from any liability that results in my son/daughter inappropriately using, selling or transmitting the topical products identified above.

\_\_\_\_\_  
 Parent/Guardian Name (Print) \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Relationship to the Student \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business/Mobile Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

# Authorization for Respiratory Treatment Form 2022/2023 (All Grades)

## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

### Authorization for Medication Treatment - Respiratory Treatment Form

#### PART I: TO BE COMPLETED BY PARENT/GUARDIAN

I grant the principal or his / her designee the permission to assist or perform the administration of each treatment/procedure to or for my child during the school day, including when he/she is away from school property for official school events. I give permission to contact the physician/health care provider prescribing this medication(s) to clarify information provided on the authorization should the need arise. **NOTE: School personnel may administer only treatments authorized by a physician/healthcare provider. It is the parent/guardian's responsibility to notify the school when there is a change in treatment regimen.**

School \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

#### PART II: TO BE COMPLETED BY PHYSICIAN/PROVIDER

This section is to be completed by the physician when specific nurse/trained personnel expertise is needed to administer medications and/or treatments to students within the school day. When applicable, review of this order will be conducted by the Individualized Education Plan (IEP) team for determination of support and services to be provided to this student.

Diagnosis	Allergies
<input type="checkbox"/> Artificial Airway Type _____ Size _____	<input type="checkbox"/> Oxygen Oxygen delivered via <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Face Mask Oxygen Flow Rate _____ Liters Per Minute (LPM)
<input type="checkbox"/> Ventilator Type _____ Model _____ Pressure Support _____ Pressure/IPAP _____ Tidal Volume _____ Respiratory Rate _____ FIO2/LPM _____ PEEP/EPAP _____ Inspiratory Rate _____ Low Minute Volume _____ High Pressure _____ Low Pressure _____	<input type="checkbox"/> Pulse Oximeter Monitoring Frequency _____ Keep Oxygen saturations above ____% <input type="checkbox"/> CPT Frequency: _____
<input type="checkbox"/> Suctioning <input type="checkbox"/> Oral/Nasal <input type="checkbox"/> Tracheostomy	<input type="checkbox"/> BiPAP/CPAP Settings: _____
<input type="checkbox"/> Nebulizer Please specify order _____ <b>(Please circle one)</b> As needed/Daily for _____	<input type="checkbox"/> Inhaler Please specify order _____ As needed/Daily for _____ (Please circle one)

List any limitations/precautionary measures that should be considered; e.g. physical education, activity intolerance, outdoor activities, heat sensitivity, transporting, lifting, moving, special devices/equipment: \_\_\_\_\_

There are no extraordinary emergency medical services available at school. Since only CPR and first aid are available until 911 arrives, is this adequate for student survival?  Yes  No, specify: \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician's Telephone # \_\_\_\_\_ Physician's Fax # \_\_\_\_\_

Date Completed \_\_\_\_\_

# Authorization for Gastrointestinal/Genitourinary Treatment Form 2022/2023 (All Grades)

## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

### Authorization for Medication/Treatment - Gastrointestinal/Genitourinary (GI/GU) Treatment Form

#### PART I: TO BE COMPLETED BY PARENT/GUARDIAN

I grant the principal or his / her designee the permission to assist or perform the administration of each treatment/procedure to or for my child during the school day, including when he/she is away from school property for official school events. I give permission to contact the physician/health care provider prescribing this medication(s) to clarify information provided on the authorization should the need arise. **NOTE: School personnel may administer only treatments authorized by a physician/healthcare provider. It is the parent/guardian's responsibility to notify the school when there is a change in treatment regimen.**

School \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

#### PART II: TO BE COMPLETED BY PHYSICIAN/PROVIDER

This section is to be completed by the physician when specific nurse/trained personnel expertise is needed to administer medications and/or treatments to students within the school day. When applicable, review of this order will be conducted by the Individualized Education Plan (IEP) team for determination of support and services to be provided to this student.

Diagnosis	Allergies
<input type="checkbox"/> G-Tube G-Tube Type _____ Size _____ FR Length _____cm Balloon Volume _____mL  <input type="checkbox"/> Oral feeds tolerated <input type="checkbox"/> Nothing by mouth <input type="checkbox"/> Not accessed during school hours Type(s) of oral feeds tolerated _____ Tube feeding formula _____ Feeding amount _____ Delivered via <input type="checkbox"/> Pump _____mL/hr <input type="checkbox"/> Gravity Frequency _____ Water flush _____mL    Frequency _____  If G-Tube becomes dislodged and student is receiving services of trained one to one nurse, nurse may replace G-Tube <input type="checkbox"/> Yes <input type="checkbox"/> No Specify Instructions _____ _____ _____	Ostomy Care Instructions _____  Catheterization: <input type="checkbox"/> Indwelling <input type="checkbox"/> Suprapubic <input type="checkbox"/> Condom  <input type="checkbox"/> Mitrofanoff <input type="checkbox"/> Straight <input type="checkbox"/> Urostomy  Catheter Size _____ Frequency _____  <div style="background-color: #cccccc; height: 100px; width: 100%;"></div>

List any limitations/precautionary measures that should be considered; e.g. physical education, activity intolerance, outdoor activities, heat sensitivity, transporting, lifting, moving, special devices/equipment \_\_\_\_\_

There are no extraordinary emergency medical services available at school. Since only CPR and first aid are available until 911 arrives, is this adequate for student survival?     Yes     No, specify \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician's Telephone and Fax # \_\_\_\_\_ Date Completed \_\_\_\_\_



# Parent/Guardian Consent for Health Services Form 2022/2023 (All Grades)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

## Parent/Guardian Consent for School Health Services Form

- This consent will remain in effect until your child transfers to another school district, graduates or you indicate in writing that you wish to rescind this consent for school health services.
- When necessary, emergency health services such as first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) will be performed until emergency medical services arrive on campus.
- Separate parent/guardian authorizations will be required for the school clinic staff or school staff to administer daily or as-needed prescribed or over-the-counter medications, conduct medical procedures or provide medical treatment.

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL CLINIC IF YOU CONSENT AND WISH FOR YOUR CHILD TO RECEIVE ANY OF THE SCHOOL HEALTH SERVICES LISTED BELOW.**

Print all information using an ink pen

### Student Information

				Male <input type="checkbox"/>
First Name	Middle Name	Last Name	Student Birth Date	Female <input type="checkbox"/>
Street Address	Apartment Number	City	State	Zip Code
Home Phone	Work Phone	Cell Phone		

Indicate which services you give consent and would like your child to receive at school with an "x" in the check boxes.

Care and treatment for illness and injury	<input type="checkbox"/>
Vision screening	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Scoliosis Screening	<input type="checkbox"/>
Growth and development screening (body mass index)	<input type="checkbox"/>
Dental screening and dental sealants	<input type="checkbox"/>
COVID-19 Testing	<input type="checkbox"/>

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

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Student Consent for Optional Covid-19 Testing Form 2022/2023 (All Grades)

## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

### Student Consent for Optional Covid-19 Testing Form

Broward County Public Schools (BCPS) is offering a COVID-19 testing program for all students (Pre-K - adult). We will only test with your consent. If you are willing to provide consent for us to administer this test on your child or yourself (if student age 18 or older), please fill out this form.

#### **What is the test?**

If your child has symptoms of COVID-19 or is part of a group that is designated for testing, if you consent, your child will receive a free test for the COVID-19 virus. Testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. School health personnel who have been trained to use this test will collect the specimen and a trained COVID-19 test administrator will oversee the process. Test results will be made available to the parent/guardian who signs this form below. The results will be accessible through the Healthy Together application (app). This program is **entirely optional** for students, although we hope you choose to have the test to keep our schools as healthy and safe as possible.

#### **What should I do when I receive my child's test results?**

If your child or you (if student age 18 or older) tests positive for the virus, your child will be moved to a room away from other students and staff until you can pick him/her up. Your child may return to school in accordance with BCPS Isolation and Quarantine Guidance. In a small number of cases, tests sometimes produce incorrect results – showing negative results (called “false negatives”) in people who have COVID-19 or showing positive results (called “false positives”) in people who do not have COVID-19. If your child tests negative but has symptoms of COVID-19, your child should not return to school until ten days after the onset of symptoms and the symptoms are improving.

#### **Known Symptoms:**

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. The following list of symptoms of COVID-19 are, but not limited to:

- Feeling feverish or a measured temperature greater than or equal to 100.4 degrees Fahrenheit
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Chills
- Sore throat
- Congestion or runny nose
- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

#### **Disclaimer:**

While we realize precautions will be taken, please understand that neither the test administrator nor Broward County Public Schools, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child or yourself (if student age 18 or older), as a result of agreeing to the test.

Instructions: To be Completed by Parent/Guardian or Adult Student			
<b>Student Information</b>			
Student's Name (Print Name)	School Name	Birth Date	Grade
Race/Ethncity <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> NativeAmerican/Indigenous <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Address	City and State	Zip Code	County
Cell Phone	Healthcare Provider/Phone Number		
<b>Parent/Guardian Information</b>			
<b>Parent/Guardian will be notified with test results either via cell phone, email or both</b>			
Parent/Gudian Name (Print Name):		Parent/Guardian Cell or Mobile Phone <i>Note: Results will be texted to this number</i>	
Parent/Guardian Email Address:			
(To be completed by Parent/Guardian only)			

By signing below, I (the parent or legal guardian) attest that:

- A. I consent and authorize the school system to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that my child or me (if student age 18 or older), must self-isolate in an effort to avoid infecting others/
- C. I understand the school system is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens.
- D. I understand that as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- E. I understand that this test may occur multiple times throughout the 2022-2023 school year and authorize testing of my child or myself (if student age 18 or older) throughout the 2022-2023 school year. I understand that this authorization may be rescinded by providing signed written notice of rescission to the school system.

Parent/Guardian Signature \_\_\_\_\_ Relationship to the Student \_\_\_\_\_

Student Signature \_\_\_\_\_

(if age 18 or older or otherwise authorized to consent)

# NO COST EYE EXAMS & GLASSES FOR CHILDREN

*Accessible on any internet enabled smart phone/tablet/computer  
English / Español / Kreyòl / Português*

**PARENTS APPLY NOW!**

**[www.floridaheiken.org](http://www.floridaheiken.org)**



- Florida Students
  - Pre-K through 12th Grade
  - Reapply Every School Year

## **USE THE HEIKEN PORTAL**

- Confidential
- Secure



All student information is kept confidential and not shared with any other entity.

Partially funded by:



# Florida Heiken Children's Vision Program Form 2022/2023 (All Grades)

## 2022-2023 No Cost Eye Exam & Eyeglasses School Program

**FOR 6-9 WEEK FASTER PROCESSING, APPLY ON YOUR PHONE AT: [WWW.FLORIDAHEIKEN.ORG](http://WWW.FLORIDAHEIKEN.ORG)**

<b>HEIKEN PORTAL INFO (For School/Screening Personnel Use Only):</b> County: _____ Teacher _____ Referring school or agency: _____ Private must list scholarship: _____ Vision Screening: <b>PASS / REFER</b> screening date: _____	<b>For Heiken Use Only:</b> Acct #: _____ Date Entered: _____ Status: _____ Auth. Date: _____ Ins: _____
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**Complete School Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Student I.D.** \_\_\_\_\_ **Male/Female**  
**Student's Name** \_\_\_\_\_ **Student's Date of Birth (MM/DD/YY)** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Apt** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_ **Parent's Day Phone** \_\_\_\_\_  
**Parent/Guardian Name (print)** \_\_\_\_\_ **Email Address** \_\_\_\_\_  
**# of People in Household** \_\_\_\_\_ **Annual Income \$** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ **.00 Per Year**

**Ethnicity:** African-American  Asian  Hispanic  Native-American  White (non-Hispanic)  Haitian  Other

**Spoken Language:** English  Spanish  Creole  Portuguese  Other  \_\_\_\_\_

Has your <b>child</b> had/have any of the following: YES NO <input type="checkbox"/> <input type="checkbox"/> Eye Exam in the last year <input type="checkbox"/> <input type="checkbox"/> Wears Glasses <input type="checkbox"/> <input type="checkbox"/> Eye Surgery/Injury or Condition <input type="checkbox"/> <input type="checkbox"/> Vision Therapy <input type="checkbox"/> <input type="checkbox"/> Headaches <input type="checkbox"/> <input type="checkbox"/> Glaucoma <input type="checkbox"/> <input type="checkbox"/> Diabetes <input type="checkbox"/> <input type="checkbox"/> Sickle Cell <input type="checkbox"/> <input type="checkbox"/> Asthma <input type="checkbox"/> <input type="checkbox"/> Allergies _____ <input type="checkbox"/> <input type="checkbox"/> Any Medication or Eye Drops: _____ <input type="checkbox"/> <input type="checkbox"/> Special needs/development delays? _____ <input type="checkbox"/> <input type="checkbox"/> Require any auxiliary aids (such as interpreter, visual aids, wheelchair, Braille)	Has your child's <b>family</b> had any of the following: YES NO <input type="checkbox"/> <input type="checkbox"/> Eye Turn / Lazy Eye <input type="checkbox"/> <input type="checkbox"/> Blindness <input type="checkbox"/> <input type="checkbox"/> Macular Degeneration <input type="checkbox"/> <input type="checkbox"/> Glaucoma <input type="checkbox"/> <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> <input type="checkbox"/> Sickle Cell <b>COVID-19 – any family member within 2 wks</b> <input type="checkbox"/> <input type="checkbox"/> Fever, Cough, Sore Throat <input type="checkbox"/> <input type="checkbox"/> Loss of smell/taste <input type="checkbox"/> <input type="checkbox"/> Contact with anyone diagnosed with COVID-19 <input type="checkbox"/> <input type="checkbox"/> Traveled out of USA <input type="checkbox"/> <input type="checkbox"/> Child is learning virtually
---	---

Please explain any "YES" answers from above: \_\_\_\_\_



**Consent for eye examinations** - By signing below, I authorize the Florida Heiken Children's Vision Program (FHCVP) to provide my eligible child with a comprehensive dilated eye examination, either at school site by a mobile Optometrist or the office of an assigned participating provider.

**Notice of privacy practices** – By signing below, I understand that the Notice of Privacy Practices for the FHCVP is available for review if I should request a copy via phone at (305)856-9830 / 1(888)996-9847, and that security cameras are in use and recording on all mobile units at all times.

**Mutual exchange of information** – By signing below, I authorize the mutual release of information among the FHCVP, its funders, including the Florida Department of Health for auditing purposes, my County Public Schools (CPS), and participating providers of any and all optometry medical reports on my child, to determine appropriate care. I also authorize my CPS to release any required information that may be missing or unclear to process this application. I understand that I may be contacted by FHCVP or its funders to provide an anonymous opinion about the services received, but I have the right to refuse to participate if contacted. \*I/We understand that COVID-19 infection can lead to illness, disability, or even death and knowingly take the risk and release and hold harmless the County School Board and FHCVP or any of its doctors or staff of any and all responsibility and liability for any injury or claim should my child, or someone he/she comes in contact with, become positive or presumptively positive diagnosed with the COVID-19 virus or because of accident or mishap involving the participation of my child/ward resulting from participation in the FHCVP.

**YES**  **NO**  I allow my child to be photographed by FHCVP for public relations purposes, and waive any/all present/future claims to the photos.

**YES**  **NO**  **Text Messages:** I consent to receive text and email messages regarding program participation. Message and data rates may apply.

**SIGNATURE of LEGAL GUARDIAN (required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization to use insurance benefits** —If my child has an insurance plan that is accepted and has an opportunity to be seen on a mobile unit visit (only), I hereby authorize Florida Heiken Children's Vision Program to use my child's insurance for a comprehensive, dilated eye exam, and eyeglasses, if prescribed (includes selected frames, clear poly lenses, and no add-ons). I understand this will use my child's insurance vision benefit.

**SIGNATURE (Authorization to use insurance benefits)** \_\_\_\_\_ **Date:** \_\_\_\_\_

For any questions, please call 1-888-996-9847.

**School/Agency: Please fax completed form with Heiken Fax Cover Sheet to (305)856-9840 / 1(888)980-8474**

The Florida Heiken Children's Vision Program is an equal opportunity organization and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, disability or veteran status. Revised 4.23.2021

# Walking and Biking to School Parent Survey 2022/2023 (All Grades)

## Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5-10 minutes to complete. We ask that each family complete only one survey, per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results. **Thank you for participating in this survey!**

+	<b>CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY</b>	+
---	--	---

### School Name:

--

1. What is the grade of the child who brought home this survey?   Grade (PK, K, 1, 2, 3...)

2. Is the child who brought home this survey male or female?  Male  Female

3. How many children do you have in Kindergarten through 8<sup>th</sup> grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

	and	
--	-----	--

+	<b>Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.</b>	+
---	--	---

5. How far does your child live from school?

- Less than  $\frac{1}{4}$  mile        $\frac{1}{2}$  mile up to 1 mile       More than 2 miles  
  $\frac{1}{4}$  mile up to  $\frac{1}{2}$  mile       1 mile up to 2 miles       Don't know

+	<b>Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.</b>	+
---	--	---

6. On most days, how does your child arrive and leave school? (Select one choice per column, mark box with X)

#### Arrive at School

- Walk
- Bike
- School Bus
- Family Vehicle (only children in your family)
- Carpool (children from other families)
- Transit (city bus, subway, etc.)
- Other (skateboard, scooter, inline skates, etc.)

#### Leave from School

- Walk
- Bike
- School Bus
- Family Vehicle (only children in your family)
- Carpool (children from other families)
- Transit (city bus, subway, etc.)
- Other (skateboard, scooter, inline skates, etc.)

+	<b>Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.</b>	+
---	--	---

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

#### Travel time to school

- Less than 5 minutes
- 5 – 10 minutes
- 11 – 20 minutes
- More than 20 minutes
- Don't know/Not sure

#### Travel time from school

- Less than 5 minutes
- 5 – 10 minutes
- 11 – 20 minutes
- More than 20 minutes
- Don't know/Not sure



**+ Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box. +**

8. Has your child asked you for permission to walk or bike to/from school in the last year?  Yes  No

9. At what grade would you allow your child to walk or bike to/from school without an adult?  
(Select a grade between PK, K, 1, 2, 3 ...)  grade (or)  I would not feel comfortable at any grade

**+ Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box. +**

10. Which of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school?  
(Select one choice per line, mark box with X)

- Distance .....  Yes  No  Not Sure
- Convenience of driving .....  Yes  No  Not Sure
- Time .....  Yes  No  Not Sure
- Child's before or after-school activities .....  Yes  No  Not Sure
- Speed of traffic along route .....  Yes  No  Not Sure
- Amount of traffic along route .....  Yes  No  Not Sure
- Adults to walk or bike with .....  Yes  No  Not Sure
- Safety of intersections and crossings .....  Yes  No  Not Sure
- Crossing guards .....  Yes  No  Not Sure
- Violence or crime .....  Yes  No  Not Sure
- Weather or climate .....  Yes  No  Not Sure

11. Would you probably allow your child to walk or bike to/from school? (Select one choice, mark box with X)  
 My child already walks or bikes to/from school  Yes  No  Not Sure

**+ Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box. +**

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school?  
 Strongly Encourage  Encourage  Neither  Discourage  Strongly Discourage

13. How much fun is walking or biking to/from school for your child?  
 Very Fun  Fun  Neither  Boring  Very Boring

14. How healthy is walking or biking to/from school for your child?  
 Very Healthy  Healthy  Neutral  Unhealthy  Very Unhealthy

**+ Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box. +**

15. What is the highest grade or year of school you completed?  
 Grade 1 through 8 (Elementary)  College 1 to 3 years (Some college or technical school)  
 Grades 9 through 11 (Some high school)  College 4 years or more (College graduate)  
 Grades 12 or GED (High School graduate)  Prefer not to answer

16. Please provide any additional comments below.




# Student Housing Questionnaire (SHQ) 2022/2023 (All Grades)



## STUDENT HOUSING QUESTIONNAIRE (SHQ)



ATTENTION parents, guardians, caregivers, and unaccompanied youth (not living with a parent or legal guardian): The purpose of this questionnaire is to help identify school-aged children and youth who are experiencing housing instability as defined by Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). According to this federal legislation, via the guidance of the HEART program, Broward County Public Schools is responsible for removing systemic barriers to the education of students experiencing homelessness by implementing the provisions of the law.

**By completing this questionnaire, your school-aged child(ren) (or unaccompanied homeless youth) may qualify for HEART services and resources to help ensure educational stability.**

### 1. Who does the student(s) live with?

- Parent
- Legal guardian
- An adult (18+) caring for student who is unable to live with parent or legal guardian at this time\*

**\*IMPORTANT: Please contact the student's school to complete the required HEART Caregiver Authorization Form.**

- I am an unaccompanied youth. I do not live with either of my parents or a legal guardian at this time

### 2. Where do you currently live with your school-aged child(ren) / students?

- I rent or own my home ► **STOP HERE AND SKIP TO #4.**
- In an emergency or transitional shelter (A)
- Temporarily with a family member or friend (doubled-up) due to loss of housing, financial hardship, or similar reason (B)
- In a vehicle, trailer park or campground, abandoned building, or other substandard housing (D)
- In a hotel or motel due to loss of housing, financial hardship, or similar reason (E)

### 3. What caused your temporary nighttime residence?

- Man-made Disaster (D)    Earthquake (E)    Flooding (F)    Hurricane (H)    Mortgage Foreclosure (M)
- Pandemic (P)    Tropical Storm (S)    Tornado (T)    Unknown (U)    Wildfire or house fire (W)
- Other homeless cause: lack of affordable housing, long-term poverty, unemployment or underemployment, domestic violence, forced eviction, etc. (N)

Is either parent employed in agriculture or fishing industries anytime in the past three years?  Yes  No

**\*IMPORTANT: Please complete the requested information below for all school-aged children (PreK-12) enrolled in, or pending enrollment in a Broward County, FL public or charter school. If you have children enrolled in multiple schools, please return completed questionnaire to each school.**

Student's Full Name (First and last)	Student's ID #	M/F	Date of Birth (mm/dd/yyyy)	Grade	School Currently Enrolled

4. By signing below, I am attesting that the information provided is accurate:

**Florida Statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.**

Parent/Guardian Print Full Name \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Student(s) Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

I was given authorization by the parent, guardian, caregiver, or unaccompanied homeless youth named above, to complete the SHQ on behalf of the identified student(s) listed above.

Name of person completing this form \_\_\_\_\_ Signature \_\_\_\_\_ Title/Organization \_\_\_\_\_

# Social and Emotional Learning (SEL) Survey Opt-Out Form 2022/2023 (Grades 3-12)



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
School Counseling • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1675



## Social and Emotional Learning Student Survey (SEL) Opt-Out Form

Social/Emotional Learning (SEL) is the process of developing the self-awareness, self-control, decision-making, and interpersonal skills that are vital for school, work, and life success. In order to guide effective SEL instruction, the District will administer a series of brief surveys. The data collected will solely be used by authorized BCPS staff to direct school activities and provide personalized SEL services for students. Specifically, the type of formative data collected will focus on self-awareness, self-management, social awareness, relationship skills, and decision-making.

The SEL sample surveys for 3rd - 12th grade and instructional materials can be viewed at: <https://www.browardschools.com/Page/62627> or by scheduling an appointment with your school's SEL Liaison. Additional parent resources and strategies on how to incorporate SEL at home can be found in our SEL & Mindfulness Toolkit for Families and Students: <https://browardschools.instructure.com/courses/1061943>

***Note: Your student will be automatically registered to take the SEL Surveys. You only need to complete this form if you would like to opt-out of the SEL Surveys. To opt-out, please check the box, complete the information below, sign the form, and return it to your child's school within 10 days from the first day of enrollment in the school. Failure to return this form constitutes permission for your child to participate in the SEL Surveys.***

I DO NOT want my child to participate in any SEL survey.

School Name \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Power Up Meal Charge Policy 2022/2023 (All Grades)

It's time to  
**POWER UP!**

Broward County Public Schools  
Food and Nutrition Services



## Meal Charge Policy

Broward County Public Schools (BCPS) understands how important it is to make sure kids receive balanced and nutritious meals in order to power up and learn!

### BREAKFAST AND LUNCH MEAL CHARGE POLICY

- Universal Free Breakfast is available every school day to **ALL** BCPS students at no charge.
- Students are expected to pay for their lunch meal at the time of service.
- If a student is unable to purchase lunch, our policy allows for one meal to be charged to their account.
- If their account is not replenished, students will receive an alternative lunch.
- We do our best to ensure students are alerted with daily verbal reminders along with a letter sent home. Parents receive daily notifications through phone calls until funds are replenished.

### MEAL PAYMENTS

- Make meal payments online at [www.myschoolbucks.com](http://www.myschoolbucks.com) or by downloading the MySchoolBucks app on your smart phone.
- MySchoolBucks allows you to manage students lunch accounts, including setting up automatic payments and low balance alerts. (A convenience fee of \$1.95 is charged per credit/debit transaction).
- Cash or check payments may also be sent to your student's school cafeteria.

### FREE AND REDUCED-PRICE MEALS

- BCPS offers free and reduced-price meals to students who qualify for the meal benefits.
- All students must pay the full price for lunch unless designated through Meal Benefits to be eligible for free or reduced-price meals.
- Applications are accepted at any time throughout the school year and only one application needs to be completed per household.
- Families may complete a meal benefits application to determine eligibility for free and reduced-price meals. This may be completed at [www.myschoolapps.com](http://www.myschoolapps.com).
- For additional information and application status contact Meal Benefits at 754-321-0250.

### MEAL PRICES

SCHOOL LEVEL	BREAKFAST PRICE	LUNCH PRICE
Elementary	FREE	\$2.00
Middle	FREE	\$2.35
High	FREE	\$2.50
Reduced Price (Qualifying Students)	FREE	\$0.40
Adult	\$1.80	\$2.75
Half Pint of Milk	\$0.50	\$0.50
À La Carte Items	<a href="http://browardschools.com/Page/30956">browardschools.com/Page/30956</a>	



**Office of Academics**  
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Broward County, Florida**

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Superintendent of Schools

July 19, 2022

TO: Parents and/or Guardians

FROM: Elementary and Secondary Learning Departments

**SUBJECT: Overview of Interventions, Supports and Services for All Students**

All Broward County Public Schools have processes in place to meet student needs in the areas of academic, social, emotional, and behavioral functioning. Specifically, each school offers a framework that provides varying levels of academic and behavior supports to students based upon their individual needs. This framework is referred to as a Multi-Tiered System of Support (MTSS).

Each school has a committee of professionals known as the Collaborative Problem-Solving Team (CPS Team) that meets regularly to review data and makes decisions regarding specific students' need for intervention and/or evaluation. The problem-solving process includes steps that school-based teams use to determine how well students have responded to the instruction and interventions that have been provided. This focused approach of matching interventions to student needs and monitoring them on a regular basis is referred to as Response to Intervention (RtI). The information gained is used by school personnel to adapt instruction and enable students to be successful in school.

Parent involvement and engagement is vital to the success of the process. Parents play a critical role in supporting what their child is learning in school. The more parents are involved in their child's learning, the more likely students will be successful in school. As such, parents, like school staff, can request that their child's concerns are discussed at a school-based CPS Team meeting.

Parents concerned about their child's response to instruction/intervention, or any social, emotional, or behavioral issue should contact the MTSS Contact or school administration at their child's school to request a meeting with the CPS Team to review the current interventions being provided and the student's progress. Parents concerned about their child's progress toward academic and/or behavioral goals on their IEP should contact the ESE Specialist or school administration to request an IEP meeting to review the current services being provided and the student's progress. Most importantly, these meetings are highly individualized based upon student needs.

Each student potentially has access to a full range of supports and/or services including general education academic, social, emotional, and behavioral interventions; school-based counseling, and community-based counseling; Gifted evaluations, Section 504 evaluations, and Exceptional Student Education (ESE) evaluations.

If you have any questions, please contact the Office of Academics at 754-321-2618. Additionally, all schools have interventions, supports and services that are tailored to the unique needs of their students and school. For specific information contact your child's school.

## MTSS Information for Parents and Families

### What is Multi-Tiered System of Supports (MTSS)?

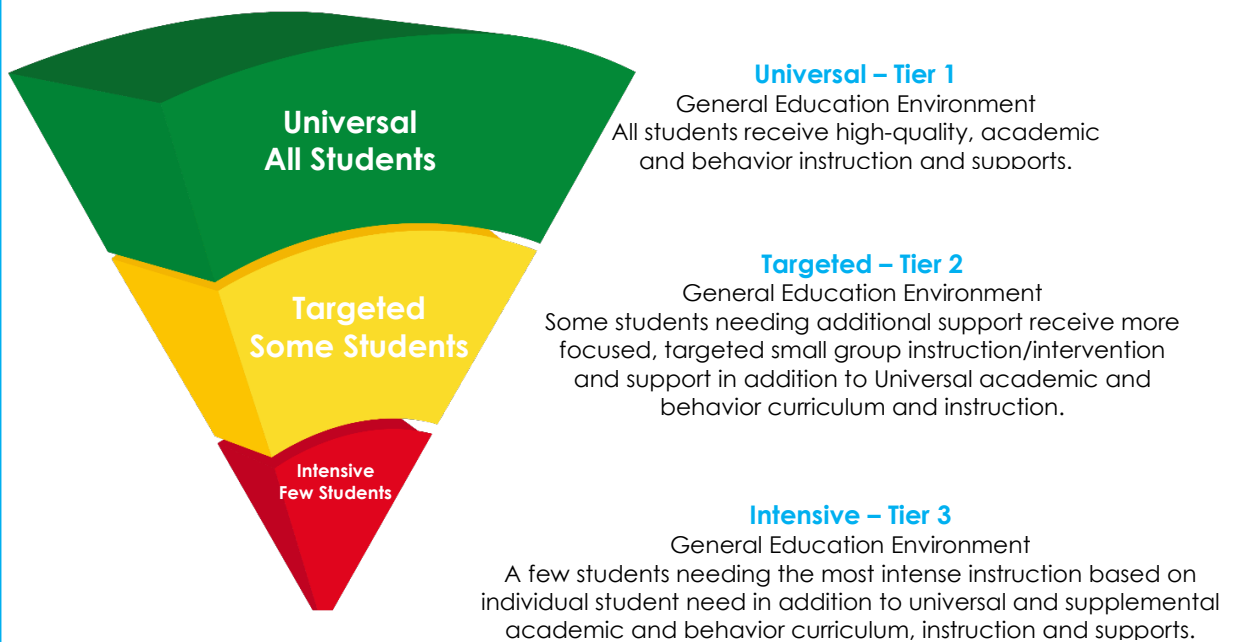
**MTSS** is a term used to describe a seamless prevention framework that refers to all the academic, behavioral and social-emotional strategies, interventions, supports and resources that are used to help all students grow and achieve. MTSS encompasses Response to Intervention (RtI) and Positive Behavior Interventions and Supports (PBIS).

### What is Response to Intervention (RtI)?

**RtI** is the practice of providing high quality instruction and intervention matched to student need and close monitoring of how a student responds to different layers of instruction and support.

### What are Positive Behavior Interventions and Supports (PBIS)?

**PBIS** are the methods used to identify and support desired behaviors in the school setting through the encouragement of positive behaviors school wide.



### What are the benefits of MTSS?

The overall goal of MTSS is to improve educational outcomes for all students, by identifying students' needs early, and making sure students' needs do not go unmet.

MTSS focuses on using data to make decisions about adjusting teaching or providing extra supports so students do better in school. Schools use MTSS to build a system of combined instruction, intervention and support for students at varying levels of intensity, based on each student's need. MTSS is for all students.

## What do I do if I believe my child is struggling?

- Participate in conferences and problem-solving meetings for your child!
- Review and assist with homework assignments and projects.
- Ask what interventions are being used for academic and/or behavioral concerns.
- Ask what techniques are being used to monitor the progress and effectiveness of the implemented interventions.
- Ask your school to provide you with regular progress monitoring reports.
- Celebrate your child's successes!

### Parental Resources

This **video** for parents introduces the use of problem solving and how it may affect your child. [MTSS Introduction for Families](#).

Use the link to view the [The Parent Guide for MTSS](#).

Access the following links for additional information:

#### **Broward County Public Schools MTSS**

<https://www.browardschools.com/MTSS>

#### **Florida's MTSS**

<http://floridarti.usf.edu/>

For additional information or questions contact your student's school or Broward County Public Schools MTSS program via email [bcpsmtssrti@browardschools.com](mailto:bcpsmtssrti@browardschools.com) or call 754-321-0000.



## How will MTSS impact my child?

- Your child will be included in early identification of academic and/or behavioral concerns so assistance can be provided at the first signs of difficulty.
- Help for your child will increase or decrease depending on his or her needs and response.

## How can I participate in MTSS?

Families play a critical role in supporting what their children are learning in school. The more parents are involved in student learning, the higher the student achievement. Ask questions to learn more about MTSS in your child's school and when things are not clear!

- Is my child successful? How do I know? If not, why and what can we do differently?
- If needed, how is additional help going to be provided? By whom? How often? For how long?
- How can I participate in problem-solving about my child?
- What can I do to help with the interventions for my child at home?
- How will I know if interventions are working?



# Acknowledgement - Parent Copy

Policy 5.8, Code of Student Conduct, lists the District's rules for students in Broward County Public Schools. The rules apply to all activities occurring on school grounds, on other sites being used for school activities, and on any vehicles authorized to transport students. Your signature below does not indicate that you agree or disagree with the rules, **but rather that you have reviewed the electronic copy of these rules** (<http://www.browardschools.com/codeofconduct>). Return this form to school within 3 days from the first day of school or from the date of enrollment. If you would prefer to complete all required forms electronically, please access the Back to School Toolkit (<https://www.browardschools.com/bts-onlineforms>).

Parents need to be involved in the education of their children and have the responsibility to:

- Know that for school safety, schools are not required to provide supervision more than 30 minutes prior to the official starting time, nor are they required to provide supervision for more than 30 minutes after the official closing time (F.S. 1003.31 (2)).
- Know that for school safety, for students who ride a school bus, drivers are NOT permitted to let students off the bus except at the designated stop.
- Provide the school with the names of current emergency contact person(s) and/or telephone numbers on an annual basis and when there are changes.
- Notify the school of anything that may affect their child's ability to learn, to attend school regularly, or to take part in school activities.
- Be aware that medicine must be administered in accordance with SB Policy 6305 and 6305.1, as may be amended, and that consequences for transmittal and/or sale or attempted sale of over-the-counter medications and possession and/or use of unauthorized medications can be found in SB Policy 5006. SB Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SB Policy 5006 outlines the consequences for violating those rules. You may view the complete health and suspension and/or expulsion policies, as well as all School Board policies, on the Web at: <https://www.browardschools.com/Page/37754>
- Be aware that parents have rights with regard to the privacy and confidentiality of student records that are maintained by schools as defined in Section VIII of this booklet.
- Neither the School Board of Broward County nor its employees will be held liable for items that are prohibited and are lost, stolen, or confiscated; or for wireless communication devices or other personal technology that are lost, stolen, or confiscated.
- Be aware that confiscated items not claimed by the end of the school year will be donated to local charities.
- Recognize that they are responsible for their student's behavior on the way to and from school and at the bus stop. A safe and respectful learning environment is key to academic achievement; therefore any student's off campus actions that seriously affect a student's ability to learn or a staff member's ability to teach may be handled as a disciplinary infraction. For serious incidents that occur at bus stops and/or that are not on School Board property, parents should contact law enforcement directly. For bullying incidents (see bullying definition, Section II), school officials should be notified and will investigate and/or provide assistance and intervention, as the principal/designee deems appropriate, which may include the use of the School Resource Officer.
- Ensure their child demonstrates legal, ethical and responsible use of technology including networks, digital tools, the Internet, and software, as defined in Section IV of this booklet.
- Parents will continue to maintain responsibility for students who reach the age of majority, (18 years or older), for all educational and discipline purposes, with exceptions as provided by statute.

**Note: Parental selection for each form within the Code of Student Conduct will be effective until a new form is submitted.**

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date