



**Escambia County Public Schools**  
**Health Services Department**  
**30 E. Texar Drive, Suite 103**  
**Pensacola, FL 32503 Phone: 469-5456**

## **Health Requirements for Registration**

To be completed for all students enrolling in Escambia County Schools in Florida

### **PHYSICAL EXAMINATION**

- Any new student entering Florida schools for the **first time**, including pre-kindergarten or kindergarten, should present a certification (DH form 3040, or other comparable form) of school-entry health examination by the first day of school attendance. However, **under hardship circumstances**, a new student may be given a **30-day grace period when necessary to obtain a school physical**. Documentation must be provided by 30 days, or the student will be temporarily excluded from school pending documentation of the exam. **S.1003.22(1), F.S.**
- Health examinations performed by licensed health professionals outside of Florida are acceptable as long as the documented exam meets minimum requirements and was completed **within 1 year of the first day the student will attend school**.

### **IMMUNIZATIONS**

- **Prior to admittance to or attendance in school**, grades pre-kindergarten through 12, students must present or have on file with the school a valid Florida Certification of Immunization (DH form 680) or Florida Religious Exemption (DH form 681) **S.1003.22 (4)(5), F.S.**
- A student who is not in compliance with the immunization law will be refused admittance and/or temporarily excluded from school attendance. S. **1003.22 (10)(a)(b), F.S.**

### **EMERGENCY HEALTH FORMS**

An emergency information form, updated annually, shall be completed for each student listing contact person, family physician, allergies, significant health history, and permission for emergency care. **64 F-6.004 F.A.C.**

- The Health Verification Form must be completed in its entirety with signature for emergency care.
- Parents of uninsured students are encouraged to apply for FL KidCare, a high quality, low cost health insurance for uninsured children through age 18 years.

**NO REGISTRATION IS COMPLETE WITHOUT THE ABOVE HEALTH FORMS. HEALTH RECORDS ARE ACCEPTED ON TEMPORARY BASIS PENDING REVIEW AND APPROVAL.**

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_