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July 23, 2024

Dear Parents and Students:

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

This year's Code of Student Conduct, School Board Policy 5090, provides specific information about the rules that all students must follow and the consequences for violations of these rules. The Code of Student Conduct also addresses expectations for attendance, respect for others and their property, appropriate dress, technology usage, student publications, student activities, and student records for all students. Additionally, grievance procedures and the right to appeal imposed disciplinary consequences are contained within this handbook.

The Code of Student Conduct is available online for all to access at browardschools.com/codeofconduct. If you cannot access an internet-capable device, please visit your child's school to review this handbook. All schools will review the expectations, rules, and consequences outlined in the Code of Student Conduct with all students within the first two weeks of school. You are also encouraged to carefully review all the information contained in the handbook with your child and collaboratively discuss the consequences your child will face if any rule is violated. You and your child must acknowledge that you've been advised where to locate the Code of Student Conduct and that you know the expectations, rules, and consequences outlined within.

It is important for you to review the Code of Student Conduct annually with your child because it incorporates critical changes from previous years. A list of substantive changes can be found on page ix. Additional resources are available for your review by visiting browardschools.com/codeofconduct.

I hope you experience a fulfilling, engaging, and safe school year as we strive to meet our goal of 100% proficiency by educating today's students for tomorrow's world.

Sincerely,

Dr. Howard Hepburn
Superintendent of Schools
Broward County Public Schools

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

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Established 1915

BROWARD
County Public Schools

Code of Student Conduct

Summary of Changes

Additions and Revisions pertaining to:

Additions

- Section II - Parental Rights
- Section III - Scope of Authority
- Section VII - Administrative assignment to a behavior intervention program
- Section VII - Deep Fakes

Revisions

Section V - Respect for Persons and Property

- Wireless Electronic Communication Devices

Section VII - Discipline Policy for Suspension and/or Exulsion (Policy 5100)

- Definition of self-defense
- Mandatory expulsion with continuing education services
- Possession of a chemical weapon/pepper canister with capacity to hold less than 2 ounces
- Other Definitions for this Policy

Section VIII– Right to Appeal

Appendix – Discipline Matrices, Grades K-2; 3-5; 6-8 and 9-12



Acknowledgement

SBBC Policy 5090, 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 from the Focus Parent Portal

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 SBBC Policies 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 SBBC Policy 5100. SBBC Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SBBC Policy 5100 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 2024/2025 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 2024/2025 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 the Family Educational Rights and Privacy Act (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 (11th & 12th Grades) 2024/2025 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 11th and 12th 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 11th and 12th grade students must also complete the FERPA Opt-Out Notification Form provided in the Code Book for Student Conduct.

Student Name _____ Grade _____

School Name _____

Parent/Guardian/Eligible Student's Name (Print) _____

Parent/Guardian/Eligible Student's Signature _____

Date _____

Coordinated Student Health Services

Heather Katcher, Director

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The School Board of Broward County, Florida

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Dr. Howard Hepburn
Superintendent of Schools

Dear Parent/Guardian,

This letter is designed to inform you of the health services offered by Broward County Public Schools.

School Health Services

Broward County Public Schools (BCPS) collaborates with the Florida Department of Health (FDOH) in Broward County to ensure the health and safety of your student. Currently, Coordinated Student Health Services maintains District level registered nurses to assist in the coordination of school health services and are available for you and your child for health concerns you may have. The designated onsite healthcare personnel at your child's school may be contacted directly by calling your child's school clinic. Please contact Coordinated Student Health Services (CSHS) at 754-321-1575 to address any health service-related questions.

Student Health Services Consent Forms

The Health Services Consent section on the Student Emergency Contact Card (SECC) must be completed, signed, and dated each school year by the parent/guardian to ensure students can receive care for illness/injury in the school clinic during the school day or during school-sponsored activities.

When Your Child is Sick

Keeping your child home when they are sick helps your child get well and protects classmates. Do not send your child to school if they are exhibiting any symptoms listed below:

- Bad cough
- Temperature greater than 100.4 F
- Severe sore throat
- Eye infection
- Diarrhea
- Persistent vomiting
- Rash
- Head lice

Your child must be free of vomiting, diarrhea, and fever without fever-reducing medication for at least 24 hours. If your child is experiencing a skin rash a note from a healthcare provider stating the skin rash is not contagious is needed to return to school.

State Mandated Health Screenings

Florida Statute 381.0056 requires that non-invasive health screenings be conducted for all students in KG, 1st, 3rd, and 6th grades. The health screenings conducted include vision, hearing, scoliosis, and growth and development (BMI). If a student does not pass a particular health screening, a referral letter will be sent home indicating that further examination and corrective measures may be needed. If you desire to

opt your child out of a screening, it must be in writing on the back of the Student Emergency Contact Card. Health screening information is confidential, and the results are filed in each student's cumulative folder. Below are the grade level screenings:

- Vision: Students in kindergarten, first, third and sixth grades
- Hearing: Students in kindergarten, first and sixth grades
- Body Mass Index (BMI): Students in first, third and sixth grades
- Scoliosis: Students in sixth grade

Health Conditions

If your child has any of the following health conditions, including, but not limited to, asthma, diabetes, cystic fibrosis, seizures, and allergic reactions to food, please inform the school, document the health condition on the backside of the Student Emergency Contact Card and complete a Health Condition Review form. Depending on the reported health condition, you may be asked to submit documentation from a healthcare provider. Please visit [Coordinated Student Health Services / Chronic Health Conditions \(browardschools.com\)](https://www.browardschools.com/Coordinated-Student-Health-Services-Chronic-Health-Conditions) for more information.

Medication Administration at School (Prescription/Over the Counter)

When possible, give medications at home. If medication/treatment is medically necessary during the school day, please provide the school with a current Medication/Treatment Authorization form signed by a healthcare provider and parent/guardian. To retrieve the form, visit www.browardschools.com/healthforms or click the following link: [Medication/Treatment Authorization](#)

For students with diabetes, a Diabetes Medication/Treatment Authorization form must be completed and signed by the healthcare provider and parent/guardian for students with diabetes. To retrieve the form, visit www.browardschools.com/healthforms or click the following link: [Diabetes Medication Treatment Authorization](#)

Authorization for Selected Over-the-Counter Medication/Products (OTC) with Parental Approval

Authorization for selected over-the-counter medication/product(s) for students in grades 9-12 can be completed and signed by the parent/guardian. For more information, please visit www.browardschools.com/healthforms

Immunizations

Per Florida statute 1003.22 prior to admittance to or attendance in a public or private school, grades kindergarten through 12, or any other initial entrance into a Florida public or private school, require each child to have on file proof of immunization status documented on a FDOH DH 680/681. It is important to ensure your child's required immunizations are up to date. Visit your child's healthcare provider or the Florida Department of Health in Broward at (954) 467-4700. A religious exemption can only be obtained from the Florida Department of Health in Broward. Please visit www.browardschools.com/vaccinations for more information.

Community Resources

If you do not have insurance, you can request an application for Florida Kid Care Insurance at your child's school or visit [KidCare Outreach | Florida Department of Health in Broward \(floridahealth.gov\)](https://www.floridahealth.gov/KidCare-Outreach)

Florida Heiken Children's Vision Program provides vision examinations and eyeglasses when prescribed, to students in need of comprehensive vision services at no cost to the student. Please visit [Heiken-Flyer-English.pdf \(browardschools.com\)](https://www.browardschools.com/Heiken-Flyer-English.pdf)

If you have any questions, please contact your child's school, or visit www.browardschools.com/cshs

Student Emergency Contact Card 2024/2025 (All Grades)

2024-25 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

Office Use Only	Student #	Grade Level:	<input type="checkbox"/> Court Order	<input type="checkbox"/> Medical	
	Date Enrolled:		<input type="checkbox"/> Special Needs	<input type="checkbox"/> Other	
In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below). Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. The names of both parents of a student (as defined in the Section 1000.21(6) Florida Statutes), the parent(s)/guardian(s) shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights, and a certified copy of such court order has been provided to the school office. Both parents shall designate on the Emergency Contact Card those persons authorized to pick up their child from school. No parents shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.					
Student Information	Last Name:		First:	Middle:	
	Date of Birth: / /		Teacher (elementary school only):		
	Home Address:				
	Mailing Address (if different from above):				
	Check any that apply to student residents: <input type="checkbox"/> Medical <input type="checkbox"/> Court Order <input type="checkbox"/> Special needs <input type="checkbox"/> Other				
	Has student changed address since last registration? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Is there a court order on file that prevents a parent from having contact with the student? <input type="checkbox"/> No <input type="checkbox"/> Yes, contact school				
	Preferred Name(s)/Nickname(s):				
	All staff may refer to my child by the preferred name(s) or nickname(s) listed above on all unofficial documents and during school/district events.				
	Signature:		Date:	Relationship:	
Parent	Last Name:		First:	Cell Phone:	
	Home Address (if different from student):		City, State, Zip:	Home Phone:	
	Employer:	Work Phone:	Parent Email:		
Other Parent	Last Name:		First:	Cell Phone:	
	Home Address (if different from student):		City, State, Zip:	Home Phone:	
	Employer:	Work Phone:	Parent Email:		
Authorized Release/Contact	Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW. Both parents may designate on the Emergency Contact Card those persons authorized to pick their child up from school. In selecting someone to whom you authorize the release of your child, consider whether this person is prepared to handle any special medical needs required by your child. I/We hereby authorize contact with release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or other emergency that may occur while the student is in school.				
	Name:	Relationship:	Phone:		
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes:					
Signature:		Date:	Relationship:		
The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.					

2024-25 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

Student Last Name: _____ First: _____ Middle: _____ Grade Level: _____

Health Services Consent	Health Screenings: Students in screening grades may receive non-invasive health screenings for vision, hearing, scoliosis, and growth and development (BMI) pursuant to F.S. 381.0056(6)(e), unless the parent or guardian opts out in writing by checking "No" below:			
	Vision screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Growth and Development screening (BMI) <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Scoliosis screening <input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature: _____		Date: _____	Relationship: _____
	Consent for Health Care Services: Care and treatment for illness and injury (i.e., School Clinic Visit, Basic First Aid). I give permission for my child to receive care: <input type="checkbox"/> Yes <input type="checkbox"/> No I consent to my child receiving health services indicated above. I understand if consent is granted, SBBC will disclose my child's education records (including medical information) to nursing vendors who provide treatment to my child. Signature: _____ Date: _____ Relationship: _____			
Medical Information	Is your child currently diagnosed and followed by a healthcare provider for any of the following? <input type="checkbox"/> My child does not have or no longer has any of the conditions listed below.			
	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Allergies (Not life-threatening)	<input type="checkbox"/> Allergies (Life-threatening)	<input type="checkbox"/> Asthma (currently uses daily or emergency medication)
	<input type="checkbox"/> Autism	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Cancer	<input type="checkbox"/> Cardiac conditions
	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Diabetes – Type 1	<input type="checkbox"/> Diabetes – Type 2	<input type="checkbox"/> Epilepsy/ Seizure disorders (NOT including febrile seizures)
	<input type="checkbox"/> Kidney disorder	<input type="checkbox"/> Lupus	<input type="checkbox"/> Mental / behavioral health conditions	<input type="checkbox"/> Sickle cell disease (NOT Sickle cell trait)
<input type="checkbox"/> Other (Specify): _____ Does your child require medication while at school? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked that your child has a current health condition (above), please complete the Health Condition Review Form. All conditions must have a provider diagnosis with the exception of 1) ADD/ADHD 2) Allergies (Non-life threatening) 3) Mental/behavioral health conditions 4) "Others" which can be based on documented parental report. Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Health Insurance & Providers	Please check the appropriate box: <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Florida KidCare / Florida Healthy Kids <input type="checkbox"/> None			
	If NONE, do we have your permission to forward the student's name, parent's name, contact information and current health insurance coverage status to Florida KidCare Insurance for health insurance screening to see if you may be eligible for health insurance coverage? <input type="checkbox"/> Yes, please sign here: _____ <input type="checkbox"/> No			
	Health Care Provider: _____		Phone: _____	
Release of Medical Information and Emergency	I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions. For students receiving health services from school or District staff and/or contracted partners, I also authorize the District to share my child's identifiable health information and related demographics with the Florida Department of Health to conduct monitoring to assure program compliance by the District and schools, and assess the delivery of services. Signature: _____ Date: _____			
	Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by the Family Educational Rights and Privacy Act (FERPA). The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.			
Dismissal Information	Regular Dismissal Procedures: On a typical day, how will your child leave school?			
	<input type="checkbox"/> Ride in a car	<input type="checkbox"/> Ride a school bus	<input type="checkbox"/> Ride public transportation	
	<input type="checkbox"/> Attend ON-site after-care program	<input type="checkbox"/> Attend OFF-site after-care program	<input type="checkbox"/> Walk or bike home	
	Emergency Dismissal Procedures: In the event of a severe storm or other unscheduled emergency your child is instructed to:			
Siblings and Home Language	<input type="checkbox"/> Walk home	<input type="checkbox"/> Ride a school bus as usual	<input type="checkbox"/> Ride public transportation	
	<input type="checkbox"/> Ride home with parent only	<input type="checkbox"/> Ride home with person indicated on authorized contact list		
	Last Name: _____	First: _____	Grade Level: _____	
	_____	_____	_____	
	_____	_____	_____	
Please list any other languages spoken at home: _____				
Survey Questions	Please assist us in understanding the needs of our school community by answering the following questions:			
	Does your child have access to a computer in your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have home internet access?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does your child have access to the internet on your home computer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have internet access outside your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate the method of contact you prefer: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email				

Health Condition Review

School Year 20__ - 20__

HAVE YOU COMPLETED THE ANNUAL STUDENT EMERGENCY CONTACT CARD? Yes No

Student Last Name: _____
Date of Birth: _____

Student First Name: _____
Grade: _____

Health conditions are defined as those conditions that last 1 year or more and require ongoing medical attention, limit activities of daily living, or both.

STUDENT CARE/TRAINING

- Individual Healthcare Plan (IHP) is a plan of action for management of actual and potential healthcare needs during the school day, on field trips, and during school-sponsored activities.
 - An IHP may be developed for students with a *verified* health condition that requires medication, or a procedure, during the school day.
- Emergency Care Plan (ECP) is a step by step set of instructions for what to do in an emergency.
 - An ECP may be developed for students with a potential risk of emergency (i.e., anaphylaxis, seizure, diabetes, asthma).
- As permissible by the Family Educational Rights and Privacy Act (FERPA), health condition information on an ECP will be shared with applicable school staff.
- All conditions must have a documented provider diagnosis except ADD/ADHD, allergies non-life threatening, mental/behavioral health conditions and "others".

Health Condition:

ONLY check current health conditions. *Indicates conditions that require written documentation of diagnosis from a healthcare provider.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> ADD/ADHD (Attention Deficit / Hyperactivity)
<input type="checkbox"/> Allergies – nonlife threatening (not severe)
<input type="checkbox"/> Allergies – life threatening (severe)*
<input type="checkbox"/> Asthma*
<input type="checkbox"/> Bleeding Disorder*
<input type="checkbox"/> Cancer*
<input type="checkbox"/> Cardiac Conditions*
<input type="checkbox"/> Cystic fibrosis* | <input type="checkbox"/> Diabetes – Type 1*
<input type="checkbox"/> Diabetes – Type 2*
<input type="checkbox"/> Epilepsy / Seizure disorders*
<input type="checkbox"/> Kidney disorders*
<input type="checkbox"/> Lupus*
<input type="checkbox"/> Sickle cell disease*
<input type="checkbox"/> No current health condition
<input type="checkbox"/> Other

_____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Medication Needs Assessment:

Is it medically necessary for your child to receive medication during the school day?

Yes No

If **Yes**, an Authorization for Medication/Treatment Form completed by a healthcare provider must be submitted for medication administration (www.browardschools.com/healthforms).

Is the student currently taking medication that would be required for an offsite school related or school sponsored activity (including overnight trips) that occur outside of traditional school hours?

Yes No

Per Florida Statute 1002.20 and School Board Policy 6305, self-carry of student medication is allowed for Metered Dose Inhaler (MDI), epinephrine autoinjector, diabetic supplies and medication, and/or pancreatic enzyme supplements with an Authorization for Medication/Treatment Form completed by a healthcare provider stating that the student is trained and independent.

Does student self-carry ANY medication? Yes No
If yes, list the medication: _____

Date of diagnosis: _____

Signs and symptoms (if any): _____

Triggers/Allergens (if any): _____

Recent hospitalization related to diagnosis? Yes No Date: _____

Recent surgery related to diagnosis? Yes No Date: _____

Activity restriction in school? Yes No

Additional information (including known student-specific side effects to medication):

Please provide the best contact information, including name and number, for school staff to refer to when communicating about your child's health condition.

Parent/Guardian (Print Name): _____

Best Contact Phone Number: _____

Parent/Guardian (Signature): _____

Relationship to Student: _____

*****CLINIC USE ONLY*****

PARENT / HEALTHCARE STAFF COMMUNICATION:

Date/Time: _____ Medication Authorization Form Emergency Contact Card Unable to reach parent/guardian Letter sent home

Date/Time: _____ Medication Authorization Form Emergency Contact Card Unable to reach parent/guardian Letter sent home

Date/Time: _____ Medication Authorization Form Emergency Contact Card Unable to reach parent/guardian Letter sent home

Date/Time: _____ No verified health condition [Remove from School Application] Referral (Admin, Social Work, Food & Nutrition, etc.)

The signature below serves as an annual health record review:

RN Name: _____

RN Signature: _____

Date: _____

Student needs IHP only

Student needs IHP and ECP

No plan required at this time

+ 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) 2024/2025 (All Grades)



STUDENT HOUSING QUESTIONNAIRE (SHQ)

ATTENTION parents, legal 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 **who lack a fixed, regular, and adequate nighttime residence** as defined by Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). According to this federal regulation, Broward County Public Schools is responsible for removing systemic barriers to the education of students experiencing homelessness by implementing the provisions of the law through the Homeless Education Assistance Resource Team (HEART).

INSTRUCTIONS: ONLY COMPLETE THIS QUESTIONNAIRE IF YOU DO NOT OWN OR LEASE A RENTAL PROPERTY IN YOUR NAME.

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

PLEASE RETURN THIS FORM TO YOUR CHILD OR CHILDREN'S SCHOOL(S) IMMEDIATELY!

1. WHO DOES THE STUDENT(S) LIVE WITH? Parent

- Legal guardian
 An adult (+18) caring for student(s) who is/are currently
 unable to live with their parent or legal guardian*
 I am an **unaccompanied youth**. I do not live with either
 of my parents or a legal guardian currently.

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

2. I CURRENTLY RESIDE IN ONE OF THE NIGHTTIME RESIDENCES LISTED BELOW WITH MY SCHOOL-AGED CHILD(REN)/STUDENTS:

- In an emergency or transitional shelter, abandoned in hospital (A)
 Sharing housing with a family member or friend (doubled-up) due to loss of housing, economic hardship, or similar reason (B)
 In a vehicle, park, temporary trailer park or campground due to lack of alternative adequate accommodations; public spaces, abandoned building, substandard housing; bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar setting (D)
 In a hotel or motel due to lack of alternative adequate accommodation due to loss of housing, financial hardship, or similar reason (E)
*** Please check one:** hotel or motel that I am paying for myself
 hotel or motel paid for by a social services agency or organization

3. WHAT CAUSED YOU AND YOUR CHILD(REN), OR UNACCOMPANIED YOUTH TO LIVE IN YOUR CURRENT NIGHTTIME RESIDENCE?

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

PLEASE COMPLETE THE REQUESTED INFORMATION BELOW FOR ALL SCHOOL-AGED CHILDREN (PREK-12) ENROLLED IN, OR SOON TO BE ENROLLED IN A BROWARD COUNTY, FL PUBLIC OR CHARTER SCHOOL. IF YOU HAVE CHILDREN ENROLLED IN MULTIPLE SCHOOLS, PLEASE RETURN A COMPLETED QUESTIONNAIRE TO EACH SCHOOL.

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

4. 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.

By signing below, I am attesting that the information provided is accurate and true:

_____ Parent/Guardian Print Full Name		_____ Relationship to student(s)		_____ Signature		_____ Date	
_____ Student(s) Current		_____ City, State, Zip Code		_____ Student(s) Former Address		_____ City, State, Zip Code	
_____ Length of time at current address		_____ 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
-----------------------------------------------	--------------------	-----------------------------

Life Skills and Wellness Student Survey Opt Out 2024/2025 (Grades 4-12)

Life Skills and Wellness (LSW) Student Survey Opt-Out Form

Life Skills and Wellness (LSW) builds confidence and supports mental and emotional health, enabling students to overcome challenges and thrive as they prepare for the 21st-century workplace. As part of the District's School Improvement Plan (SIP), the LSW initiative promotes whole-child-centered support services, helping students succeed academically while building employability skills and resiliency. To guide effective LSW instruction, the District will administer a brief Fall and Spring survey. The data collected will solely be used by authorized BCPS staff to direct school activities and provide personalized LSW services for students. Specifically, the type of formative data collected will focus on self-awareness, self-management, relationship skills, decision-making and resiliency.

To learn more about the LSW Student Survey for grades 4-12, visit the [LSW District website](#) or by scheduling an appointment with your school's LSW Liaison. Additional parent resources and strategies on how to incorporate LSW at home can be found in our [LSW Families and Students Resources](#) page.

To BE COMPLETED BY THE PARENT/GUARDIAN

Your student will automatically be registered to take the Fall and Spring LSW Surveys. **You only need to complete this form if you would like to opt-out of the LSW 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 LSW Surveys.

I **DO NOT** want my child to participate in the LSW Fall and Spring student surveys.,

Student Name _____

Date of Birth: _____ Grade Level: _____ Student # _____

School Name: _____

Parent/Guardian (Print) _____

Parent/Guardian/Eligible Student's Signature _____ Date _____

Library Reading Materials Opt Out Form 2024/2025 (All Grades)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
LIBRARY MEDIA SERVICES
LIBRARY READING MATERIALS OPT OUT FORM

As a parent, you always have the right to opt your child out of any library material. Please complete the Opt Out Form.

Upon submission of the Opt Out Form, please discuss this decision with your child to ensure they are aware before visiting the library. Upon the Opt Out Form submission, your child's account will be updated in the library checkout system. It is our goal to make this process easy for parents.

Please contact your building principal if you have questions or need additional information.

_____ I **WILL NOT** permit my student to check out library materials.

Student Name (PRINT) Student

Signature Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature Date

Power Up Meal Charge Policy 2024/2025 (All Grades)

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

Broward County Public Schools
Food and Nutrition Services



All Students receive Breakfast and Lunch at No Cost

Community Eligibility Provision

Broward County Public Schools is pleased to announce the continuation of Community Eligibility Provision (CEP). CEP provides breakfast and lunch at no cost for all students at 180 eligible Broward County Public Schools.

Families may complete an Income Survey Form at www.myschoolapps.com. An approved Income Survey form may qualify a student to receive additional District Benefits. For assistance with completing an Income Survey Form, families can contact the Food and Nutrition Services Department at 754-321-0250.

Universal Free Breakfast

Universal Free Breakfast will be available at the 47 Universal Free Program Schools.

Universal Free Lunch Program Pilot Year 2

Broward County Public Schools will continue to offer the Universal Free Lunch Program Pilot Year 2 at the 47 eligible Broward County Public Schools.

The Universal Free Lunch Program Pilot Year 2 will provide reimbursable Lunch Meals to all students in 47 eligible Schools at no cost regardless of students' eligibility. In order to sustain the Universal Free Lunch Program Pilot Year 2, it is vital for all households to complete an online Meal Benefits application for District meal reimbursement.

Households may complete a Meal Benefits application at www.myschoolapps.com. An approved Meal Benefits application may qualify a student to receive Additional District Benefits. For assistance with completing a Meal Benefits Application, families can contact the Food and Nutrition Services Department at 754-321-0250.

Student Identification

Student identification badges are required at the cash register to ensure students' meals are recorded. Student identification badges also indicate medical or allergy information noted on the "Medical Statement to Request Special Meals and/or Accommodations Form." This Form is located on Broward County Public Schools Food and Nutrition Services website under Special Diets and Allergies. <https://www.browardschools.com/Page/78830>.



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

7720 W. Oakland Park Blvd. • Sunrise, Florida 33351 • Office: 754-321-0215 • Fax: 754-321-0235

Food and Nutrition Services Department
Mary Mulder, Executive Director
754-321-0215
Mary.mulder@browardschools.com
www.browardschools.com

The School Board of Broward County, Florida

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Debra Hixon, Vice Chair

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Nora Rupert
Dr. Allen Zeman

Dr. Howard Hepburn
Superintendent of Schools



www.myschoolapps.com

Dear Parent/Guardian

July 1, 2024

Broward County Public Schools offers healthy, nutritious meals every school day. Breakfast will continue to be free to all students under the Universal-Free Breakfast Program in the 47 Non-Community Eligibility Provisions (Non-CEP). For the 2024/2025 School Year, The Food and Nutrition Services Department will continue to pilot the Universal Free Lunch Program for the second year. The Universal Free Lunch Program Pilot provides free lunch meals to all students in Non-CEP Schools.

The Universal Free Lunch Program Pilot Year 2 will begin August 12th, 2024, and end June 3rd, 2025. To sustain the Universal Free Lunch Program Pilot Year 2, it is vital for parents to complete an online application for Meal Reimbursement and to provide opportunities for additional District Benefits.

To apply for Free or Reduced-Price Meals, complete a meal application online at www.myschoolapps.com. If you are unable to complete an application online, contact Food and Nutrition Services at 754-321-0250 to receive a paper Multi-Child Application for Meal Benefits. If you complete a paper application, please return the form to: Food and Nutrition Services, 7720 W. Oakland Park Boulevard, Suite #204, Sunrise, Florida, 33351. After your application has been processed, notification of your child's meal eligibility will be sent to the e-mail address provided or through the postal service.

Household size and income criteria will be used to determine eligibility. An application cannot be approved unless it contains complete eligibility information. Once approved, meal benefits are good for an entire school year; it is not necessary to notify Food and Nutrition Services of changes in income and household size. You may apply for meal benefits at any time during the school year. If a household member becomes unemployed or circumstances change, your child may be eligible for free or reduced-price meals. The information provided on the application will be used for the purpose of determining eligibility and may be verified at any time during the school year.

Households that receive Florida SNAP (Supplemental Nutrition Assistance Program), Florida TANF (Temporary Assistance for Needy Families) or FDIPIR (Food Distribution Program on Indian Reservations) benefits, are required to list on the application only the child's name, the name and valid Florida SNAP, Florida TANF or FDIPIR case number for the person who receives the benefits, and signature of an adult household member. When a case number for any household member is listed on the application, all children in the household are eligible for free meals. Children in households participating in WIC (Special Supplemental Nutrition Program for Women, Infants and Children) may be eligible for free or reduced-price meals.

If you have migrant, homeless, runaway, or foster children living with you and you haven't been informed your children will get free meals, please contact the District's Migrant Coordinator at 754-321-1400, Homeless/Runaway Liaison at 754-321-1566 or Foster Care Liaison at 754-321-1565 to see if they qualify. Foster children will receive benefits regardless of the child's personal income or income of the household.

All other households must provide the following information listed on the application: names of all children and adults living in the household, and the school name for each child; total household income listed by gross amount normally received, how often the income is received by each household member and type of income (e.g., wages, child support, etc.); check the "no income" box if applicable; last four digits of the Social Security Number for the adult signing the application or check the box if this household member does not have a Social Security Number; and signature of an adult household member certifying the information provided is correct. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals. You may list a foster child and all other household members on one application. If the foster family is not eligible for free or reduced-price meals, it does not prevent a foster child from receiving free meal benefits.

For the purpose of determining household size, deployed service members are considered a part of the household. Families should include the names of the deployed service members on their application, and report only that portion of the deployed service member's income made available to them or on their behalf to the family. If you are in the Military Housing Initiative or get combat pay, do not include these allowances as income. If you get an off-base housing allowance, it must be included as income.

Under the provisions of the Free and Reduced-Price Meal Policy, the Meal Benefits Coordinator will review applications and determine eligibility. If you are dissatisfied with the ruling of the official, you may wish to discuss the decision with the determining official on an informal basis by calling Food and Nutrition Services at 754-321-0250. If you wish to make a formal appeal, write to Mary Mulder, Executive Director of Food and Nutrition Services, 7720 W. Oakland Park Boulevard, Suite #204, Sunrise, Florida, 33351 or call 754-321-0215.

Federal Income Eligibility Chart					
Your child may qualify for free or reduced meals if your income falls at or below the limits on this chart.					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional family member, add	9,953	830	415	383	192

You may contact Food and Nutrition Services by phone at 754-321-0250 or e-mail freereducedmeals@browardschools.com, if you have questions or need assistance.

Sincerely,

Mary Mulder
Executive Director, Food and Nutrition Services

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-ComplaintForm-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; email: program.intake@usda.gov. This institution is an equal opportunity provider.



MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

Request type options: New, Change/Modify Existing, Discontinue

PART 1: GENERAL INFORMATION - COMPLETED BY THE PARENT/GUARDIAN

I understand as a parent, that it is my duty to update this form any time there is a change or discontinuation of dietary needs and to give to the school nurse...

Signature line for Parent/Guardian, Date, and Contact Number

Form section for student information (Name, Birth Date, School, Parent Name) and healthcare restrictions (Lactose Intolerance, Religious/Cultural Beliefs)

PART 2: ALLERGIES - COMPLETED BY STATE LICENSED HEALTHCARE PROFESSIONAL

Form section for allergies, divided into Section A (Medical Disability/Life-Threatening) and Section B (Student with NO Medical Disability/Non-Life-Threatening)

Indicate Food Texture for Above Student: Regular or Pureed

PART 3: SIGNATURE - COMPLETED BY A LICENSED MEDICAL PROFESSIONAL

Form section for medical professional signature, title, date, and office address/phone number



MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS INSTRUCTIONS

The parent or guardian must complete Part 1. **A state licensed healthcare professional** who is authorized to write medical prescriptions under state law must complete **Parts 2 and 3**. In Florida, this includes a Physician, Physician's Assistant, or Nurse Practitioner (ARNP).

PART 1: GENERAL INFORMATION - COMPLETED BY THE PARENT/GUARDIAN

1. **Parent/Guardian Signature:** Read responsibility statement. Then, sign, date, and print phone number of the parent/guardian requesting the student/participant's special meal and/or accommodation.
2. **Student First and Last Name:** Print the name of the student that is asking a special meal and/or accommodation.
3. **Date of Birth:** Print the date the student was born.
4. **Name of School/Center:** Print the name of the location where the student will eat.
5. **Name of Parent or Guardian:** Print the name of the person who signed the responsibility statement.
6. **Lactose Intolerance:** Check all lactose containing foods that the student cannot have. Be sure to also check a drink that the student *can* have.
7. **Religious/Cultural Beliefs Food Restrictions:** Check all that apply. Include any additional foods the student cannot have due to religious or cultural beliefs.

PART 2: ALLERGIES - COMPLETED BY A STATE LICENSED HEALTHCARE PROFESSIONAL

Section A: Complete this section if Student has a Medical Disability that IS Life Threatening

8. **Does the student have a disability:** Check Yes or No.
 - a. "Student with a disability" is defined as any student who has a **physical or mental impairment** that substantially limits one or more **major life activities**, has a record of such impairment, or is regarded as having such an **impairment**.
 - b. "A physical or mental impairment is" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitourinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness and specific learning disabilities.
 - c. "Major life activities" include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
 - d. "Has a record of such an impairment" is defined as having a history of or has been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.
9. **Disability/Diagnosis:** Describe or state the student's disability or diagnosis and explain why it restricts the student's diet and list major life activities affected by the disability.
10. **Food Allergy:** Check Yes or No to indicate if student has a life-threatening food allergy. If yes, continue with Section A. If no, go to Section B.
11. **Milk/Dairy Allergy:** Check all foods that the student cannot have. Check a drink that the student/participant can have.
12. **Egg Allergy:** Check all foods that the student cannot have.
13. **Soy Allergy:** Check if applicable.
14. **Additional Food Allergies:** Print additional life-threatening food allergen(s) that the student is allergic to (e.g. Peanut, Tree Nut, Wheat, Fish, Shellfish, Sesame).
15. **Indicate Texture:** If the student or participant does not need any modification, check "Regular"

Section B: Complete this Section if Student does NOT have a Medical Disability/Non-Life-Threatening Food Allergy/Intolerance.

16. **Milk/Dairy Allergy:** Check all foods that the student cannot have. Check a drink that the student can have.
17. **Egg Allergy:** Check all foods that the student cannot have.
18. **Soy Allergy:** Check if applicable.
19. **Additional Food Allergies:** Print additional non-life-threatening food allergen(s) that the student is allergic/intolerant to (e.g. Peanut, Tree Nut, Wheat, Fish, Shellfish, Sesame).

PART 3:

20. **Printed Name State licensed medical professional's name:** Print the name of the state licensed medical professional who oversees the care of the student.
21. **Title:** Check the box that describes the licensed medical professional's credentials.
22. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
23. **Date signed:** The date state licensed healthcare professional signed form.
24. **Medical Office Name:** Print the name of the office where the student receives care from the state licensed medical professional.
25. **Medical Office Address:** Address of state licensed medical professional's office / place of work.
26. **Medical Office Phone Number:** The phone number of the state licensed healthcare professional.

Acknowledgement - Parent Copy

SBBC Policy 5090, 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 forms from the Focus Parent Portal

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 SBBC Policies 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 SBBC Policy 5100. SB Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SBBC Policy 5100 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