



## Declination of Chronic Health Condition Plan

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Florida Virtual School prioritizes the safety of our students with chronic health conditions. In accordance with the Florida Department of Health and Florida Department of Education, we **have requested the completion of a chronic health condition Emergency Care Plan as defined by [FLVS Policy 5335: Care of Students with Chronic Health Conditions](#)**

You may exercise your parental right to **decline** having a chronic health condition plan on file for your student. If you decline submitting a plan, please sign this form and email it to our Student Health and Wellness Coordinator, at [studenthealth@flvs.net](mailto:studenthealth@flvs.net).

**Please note that if your student were to experience severe symptoms around school personnel, 911 and emergency services will be contacted.**

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I decline submitting an Emergency Care Plan for my child's chronic health condition:  
(please circle your child's diagnosis)

Diabetes      Seizure      Anaphylaxis      Asthma      Cystic Fibrosis

I acknowledge FLVS personnel will contact 911 and emergency services if my child experiences symptoms or a health emergency in the presence of FLVS personnel.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_  
**Date**