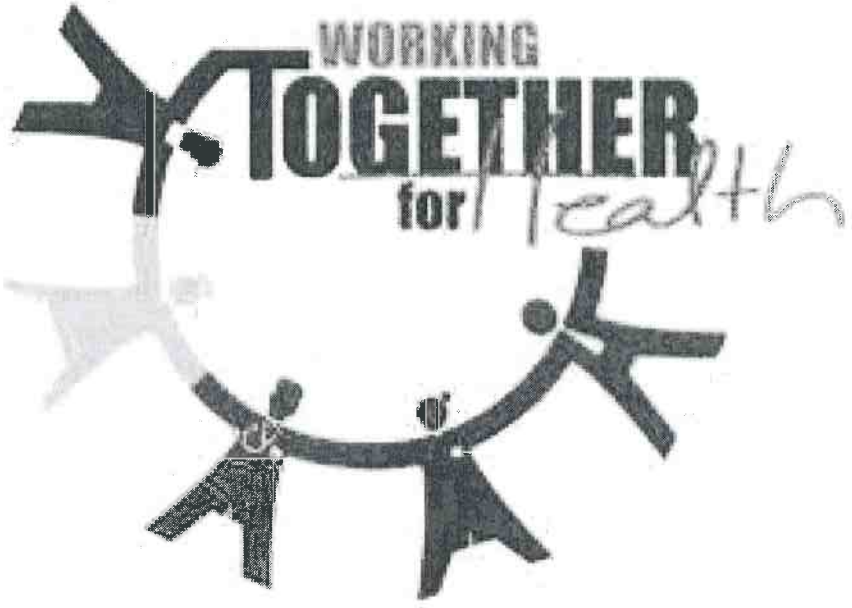
Dogwood Health Information 2024



DOGWOOD ELEMENTARY SCHOOL

TO: Parents of New Students
FROM: Health Office
SUBJECT: Health Office Information

Please take a moment to read this notice and put it in a safe place for future reference. Each year there are questions regarding such issues as immunizations, physicals, vision and hearing tests and medication policy. The following is for your information.

Kathleen Siciliano, RN – School Nurse

1. IMMUNIZATIONS: Every child from grades K through 12 must be properly immunized and the dates documented by a physician in accordance with New York State Law. This documentation must be received within 14 days of the first day of school. There are only a few exceptions to the law. Contact the Health Office if you feel that your child is exempt from an immunization.

   Immunization Requirements for Kindergarten Entrance/Attendance

   - 5 doses Diphtheria, Tetanus and Pertussis vaccine (DTaP/DPT/Tdap) or 4 if 4th was received at 4 years or older.
   - 4 doses of Polio vaccine (IPV/OPV) or 3 if the 3rd was received at 4 years or older.
   - 2 doses of Measles, Mumps and Rubella vaccine (MMR)
   - 3 doses Hepatitis B vaccine.
   - 2 doses Varicella (Chickenpox) vaccine.

   If you have any questions regarding your child's immunizations, please contact your physician's office.

2. PHYSICAL EXAMINATIONS: Children entering grades K, 1,3 and 5 and all new students are mandated by New York State law to have a physical examination. Proof of this examination must be documented by a licensed physician, physician assistant or nurse practitioner. **Each physical examination form must be dated within 12 months of the FIRST DAY OF SCHOOL. All physical examinations for school MUST be documented on the *NYS Required Health Examination form.* Other forms will not be accepted.** The school doctor is available each school year to perform this examination. If your child has not submitted documentation of a physical exam **WITHIN 30 days of entrance**, you will be notified that we haven't received it. If the required health certification is not submitted within 30 days of the date of such notice, your child will be examined by our school doctor.

PLEASE LABEL YOUR CHILD'S CLOTHING AND LUNCHBOX.

PLEASE SEND A CHANGE OF CLOTHING FOR YOUR CHILD TO SCHOOL IN THEIR BACKPACK FOR THE FIRST FEW MONTHS OF SCHOOL.

3. VISION AND HEARING SCREENINGS: Parents are notified only if a student does not pass the screenings and further medical intervention is recommended.

4. SCOLIOSIS SCREENINGS: Screening for scoliosis (a lateral curvature of the spine) is mandated by New York State law. This screening is on 5th grade girls only. Referrals are sent home if further medical intervention is recommended.

5. MEDICATION: All medication (including over-the-counter drugs) must be accompanied by specific written instructions from your child's doctor. Written parental permission is also required. Forms for this purpose are available on the district website. For your child's safety, only an adult may bring in or take home medication.

GUIDELINES FOR MEDICATION ADMINISTRATION

In order to administer any medication during school, the appropriate authorization forms must be completed by the prescribing physician and the student's parent.

All medication must be in the original pharmacy container and must be appropriately labeled with the student's name, dosage, frequency, and instruction. Non-prescription medication, such as Tylenol, lozenges, cold remedies, skin ointments, eye drops, herbal prescriptions, vitamins, etc., must follow the same procedure. All medication must be stored in the health office unless otherwise specified by the physician.

Medication authorization forms are available in the school health office.

6. GYM EXCLUSION: A doctor's note is required if your child is to be excused from gym class. This note must indicate the reason for exclusion as well as the duration. Children excused from gym class may not participate in recess.

7. CASTS/CRUTCHES: If your child has a cast or must use crutches, he/she may not use the regular school bus. You will need to drive your child to and from school or you may request special transportation. A doctor's note must indicate your child's diagnosis and duration (exact date) which will accompany the request for special transportation.

8. SPECIAL HEALTH NEEDS: If your child has special health needs or is taking any medication, please call the Health Office at 382-4260.

9. ABSENCE FROM SCHOOL: If your child will be absent from school, we request that you call the health office at 382-4260 and report the absence. Upon your child's return to school, we will need you to write an absence note. All absences are recorded as illegal absences until we receive written documentation otherwise.

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE).

STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: ☐ Female ☐ Male	Gender Identity: ☐ Female ☐ Male ☐ Nonbinary ☐ X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

☐ **Allergies**	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ **Asthma**	☐ Intermittent ☐ Persistent ☐ Other: ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ **Seizures**	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ **Diabetes**	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: *Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors:Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.*

BMI_____kg/m2

Percentile (Weight Status Category): ☐ < 5th ☐ 5th- 49th ☐ 50th- 84th ☐ 85th- 94th ☐ 95th- 98th ☐ 99th and >

Hyperlipidemia: ☐ Yes ☐ Not Done **Hypertension:** ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K	Date
TB- PRN	☐	☐		☐ Test Done ☐ Lead Elevated ≥5 µg/dL	
Sickle Cell Screen-PRN	☐	☐			

☐ **System Review Within Normal Limits**

☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine/Neck	☐ Skin	☐ Social Emotional
☐ Mental Health	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code*
☐ Additional Information Attached	*Required only for students with an IEP receiving Medicaid	

Name:	Affirmed Name (if applicable):	DOB:

SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision Screening	**With Correction** ☐Yes ☐ No	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity		20/	20/	☐ Yes	☐
Near Vision Acuity		20/	20/	☐ Yes	☐
Color Perception Screening	☐ Pass ☐ Fail				☐

Notes

Hearing Screening: Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				**Not Done**
Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes	☐

Notes

Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes	☐

FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK

☐ ***Family cardiac history reviewed** – required for Dominick Murray Sudden Cardiac Arrest Prevention Act

☐ **Student may participate in all activities without restrictions.**

If Restrictions Apply – Complete the information below

☐ **Student is restricted from participation in:**

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Other Accommodations*:** Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):

*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.

MEDICATIONS

☐ Order Form for medication(s) needed at school attached

COMMUNICABLE DISEASE	**IMMUNIZATIONS**
☐ Confirmed free of communicable disease during exam	☐ Record Attached ☐ Reported in NYSIIS

HEALTHCARE PROVIDER

Healthcare Provider Signature:	
Provider Name: *(please print)*	
Provider Address:	
Phone:	Fax:

Please Return This Form to Your Child's School Health Office When Completed.

Smithtown Central School District

When to keep your child home From School

Dear Parents/Guardians:

We feel that it is a good time to review our procedures in regards to children who are sick at school.

If your child gets sick, it is often most appropriate to keep him/her home from school. A child who is sick will not be able to perform well in school and is likely to spread the illness to other children and staff. Please make arrangements for childcare ahead of time so you will not be caught without a place for your child to stay if he/she is ill.

Our school policy states that you should not send your child to school if he/she has:

1. Fever (>100.4 degrees) in the past 24 hours
2. Vomiting in the past 24 hours
3. Diarrhea in the past 24 hours
4. Chills
5. Sore throat
6. Strep Throat (must have been taking an antibiotic for at least 24 hours before returning to school).
7. Bad cold, with a very runny nose or bad cough, especially if it has kept the child awake at night.

If your child becomes ill at school and the teacher or school nurse feel the child is too sick to benefit from school or is contagious to other children, you will be called to come and take him/her home from school. It is essential that your child's teacher have a phone number where you can be contacted during the day and an emergency number in the event you cannot be reached. Please be sure that arrangements can be made to transport your child home from school and that childcare is available in case of illness. If your daytime or emergency phone number change during the year, please notify your child's teacher immediately.

These guidelines are meant to serve the best interests of all the children in our program. If you have questions or concerns please do not hesitate to your child's health office.

New York State Center for School Health
Supporting Student Success Through Health and Education

X	NYS Required
X	NYC Required
X	NYS Optional
X	NYC Optional

NYS and NYC Screening & Health Exam Requirements

	New Entrant	Pre K or K*	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
HEARING SCREENING:														
Pure Tone	X	X	X		X		X		X				X	
SCOLIOSIS SCREENING														
Boys											X			
Girls							X		X					
VISION SCREENING														
Color Perception	X													
	X													
Fusion		X	X											
Near Vision	X	X	X		X		X		X				X	
	X	X	X		X		X							
Distance Acuity	X	X	X		X		X		X				X	
	X	X	X		X		X							
Hyperopia	X													

*Determine if your Kindergarten or Pre K students are your district's new entrants.

Health Examination Overview

	New Entrant	Pre K or K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Health Examination**	X	X	X		X		X		X		X		X	
	X													
Dental Certificate	X	X	X		X		X		X		X		X	

**Health Examinations may be either a Health Appraisal (health exam performed by the School Medical Director) or Health Certificate (health exam performed by the student's primary medicalprovider). They must be dated no more than 12 months prior to the start of the school year in which they are required, or the date of entrance to the school for new entrants.

This sample resource was created by the New York State Center for School Health and is located at www.schoolhealthny.com in the Laws|Guidelines|Memos - Effective July 2018 (revised 2/2018)

SMITHTOWN CENTRAL SCHOOL DISTRICT
26 NEW YORK AVENUE, UNIT 1, SMITHTOWN, NEW YORK 11787-3435

PHYSICIAN'S ORDER FOR GIVING MEDICATION IN SCHOOL

PUPIL'S NAME _____ ADDRESS _____

PARENT/GUARDIAN NAME _____

TO PHYSICIANS AND PARENTS OF CHILDREN REQUIRING MEDICATION IN SCHOOL:
In compliance with the rules and regulations of the New York State Education Department, you are requested to complete this form so the required medication may be administered in school to your child.

NAME OF DRUG _____

GENERIC NAME OF DRUG, IF POSSIBLE _____

DOSAGE AND FREQUENCY _____

EXPECTED EFFECT _____

POSSIBLE SIDE EFFECTS _____

DIAGNOSIS _____

TIME DURATION OF ORDER _____ DAYS _____ MONTHS _____

DATE ORDER IS EFFECTIVE _____

_____
Physician's Signature/Date

_____
Physician's Telephone Number

Physician's Stamp

PARENT REQUEST TO SCHOOL TO GIVE MEDICATION

I, hereby request that my child, _____ be given the medication as (FULL NAME) prescribed by the physician. We, the parent/guardian, authorized the school to assist our child in taking medication and agree that we will not hold liable any member of the school staff or an individual of official capacity who is directed by us (the parent/guardians) and the school administrator to assist our child in taking said medication. The parent/guardian will note expiration date of medication and will supply new medication when if it should expire during the school year.

_____
Parent/Guardian Signature

Received by_____ Quantity_____ Expiration _____

ALLERGIC REACTION INFORMATION SHEET

DOGWOOD ELEMENTARY SCHOOL

CHILD'S NAME _____ DATE _____

PARENT'S NAME _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

My child is allergic to _____

1. Briefly describe your child's reaction in detail (is there local swelling, any respiratory Involvement, burning and itching, hives, how rapidly does an onset of symptoms occur?

2. When was the last time your child had a reaction?

3. What caused the reaction?

4. What previous treatment and/or medication did your child receive when the last reaction occurred?

5. Did your child have any side effects to the treatment and/or medication given at that time?

6. At this time, what is your child's present treatment and/or medication?

Comments:

Signature of parent/guardian _____

STUDENT ASTHMA RECORD

DOGWOOD ELEMENTARY SCHOOL

Child's Name_____ Date_____

Physician Treating Child's Asthma_____ Phone_____

1. Briefly describe what causes the child's asthma symptoms:

   _____

   _____

2. Does he/she do breathing exercises that are helpful in managing the asthma?

   _____

3. In which sports can the child fully participate? _____

   _____

4. Does exercise induce episodes of asthma? If so, list types of exercise:_____

   _____

5. Do certain weather conditions affect your child's asthma? If so, list them: _____

   _____

6. Name the medications taken routinely, the dose, how often taken, when, and under what circumstances additional doses should be given. _____

   _____

7. Does your child suffer any side effects to these medications? If so, list them:_____

   _____

8. Does your child understand asthma and what he or she should do to manage it? _____

   _____

9. Approximately how often does your child have an acute episode? _____

   _____

10. How do you want the school to treat an episode of asthma, if it should occur? _____

    _____

11. If the child does not respond to medication, what action does the parent/guardian advise school personnel to take? _____