

MANDATED HEALTH RECORDS:

Every student entering a new school district is required to provide the following **mandated health records** (within **14 days of entering the district**):

- **Immunization records on registration.** Original from MD is required if available. *There are new regulations and requirements for Immunizations for **School Entrance in New York State 2023-2024 School Year**. **You are responsible** for providing complete/comprehensive Immunization Records prior to Attending school in New York State Per Regulation.
- **Recent Physical:** If student has current PE at previous school or MD, it is the parent's responsibility to contact that school or MD and bring to this school. Due to HIPAA LAWS, they will not release to school nurse when contacted. Out-of-state students must obtain a physical in this state within 30-60 days of school enrollment per NYS Education Department Regulations.

Also enclosed is:

- **Over-the-Counter permission slip:** needs to be signed by a parent/guardian **AND** student's physician
- **Health Update Form: Must be done and handed in at Registration**
- **Please Note:**
- **If the Student takes any prescription medication at school, this form must be signed by a parent and student's physician.**

Please return these forms to the High School Health Office at your earliest convenience.

Thank you, Sarah T. Mehlenbacher RN, DHS Nurse Phone: 585-335-4010 ext. 1010

FAX: 585-335-4001

STUDENT NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

ORIGINAL: SCHOOL FILE

COPY: To Student/PARENT Representative

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STUDENT NAME: _____

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COPY: To Student/PARENT Representative

Dansville High School Health Office
(Fax #: (585) 335-4001)

Grade Level _____

Please allow my child _____, to receive one of the following medications for the 2023-24 **school year**. This medication will be given every 4-6 hours as needed. This medication will be given for headaches, menstrual cramps, minor discomfort, orthodontic discomfort and fever. Please check off all medications **you will allow your child to take at school**. I understand that the school nurse, or other designated person (in the absence of the school nurse) will assist my self-directed student in the administration of their medication

NOTE: This form needs parent **AND** health care provider signatures.

_____ (2) Regular Strength Acetaminophen (650mg) (Similar to Tylenol)

_____ (2) Ibuprofen – total dose of 400mg (Similar to Advil)

_____ Cough Drops

_____ (1-2) TUMS every 4 hours (no more than 2x in one day)

Students need to have a new sheet signed every year, and will not be able to receive any medication without this sheet signed and returned.

Signature of Family Doctor _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Thank you

Please sign and return to:

Dansville High School Nurse

Sarah T. Mehlenbacher RN

2023-24 SCHOOL YEAR

Fax: 585-335-4001 Phone: 335-4010 Ext. 1010

Student Name: _____ Date of Birth _____ Grade _____

Health Update - DHS 2023-24 SCHOOL YEAR

Please fill out and sign all health information

At the beginning of each school year, we request parents to assist us in bringing their child's school health records up to date. With your help, we can assure your child's records are accurate in case of a medical emergency. If you have any questions or concerns please contact Mrs. Mehlenbacher at 335-4010 ext 1010.

Does your child have any medical conditions I need to be aware of?

Medications _____, name of medications they take _____

Asthma _____, what medications do they take _____

Diabetic _____, what medications do they take _____

Varicella (chicken pox) date of disease: _____, date of vaccine: _____

Does your child have a special diet or medical routine they need to follow _____?

Food Allergies _____, what food is your child allergic to _____

Medication(s) Allergies _____, what medication(s) is your child allergic to _____

Seasonal/environmental allergies _____

Other Medical conditions you would like to make me aware of _____

Does your child see a specialist or have any special restrictions for this condition _____

Does your child have any vision problems? _____

Glasses or Contacts? _____ Does your child have an annual eye exam _____

Does your child have any hearing problems? _____ Hearing aids? _____

May I share this information with your child's teacher(s) Yes or No?

Parent signature: _____ Date _____

Dansville Central School

Authorization for administration of Medications in School

A: To be completed by the parent or guardian:

I request that my child _____ DOB _____ receive the medications as prescribed below by our licensed health care provider. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse will administer the medication or an adult will supervise my child taking his/her own medication unless they have been cleared to self-carry/administer as below.

Signature (parent/guardian): _____ Date: _____

Address: _____

Telephone: Home _____ Cell/Work: _____

B: To be completed by the licensed health care provider/prescriber:

1. Student's Name _____ DOB: _____

2. Diagnosis: _____ ICD9: _____

3. Name of Medication: _____

4. Prescribed Dosage, Frequency and Route of Administration: _____

5. Time to be given in school: _____

6. Duration of treatment: _____

7. Possible side effects and adverse reactions (if any): _____

8. Administer morning dose if forgotten at home (with parent permission) Yes or NO

a. AM Dose to be given: _____

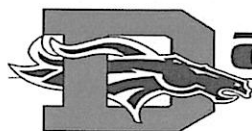
☐ I have determined this student is consistent and responsible in taking their own medications (Self-Directed) and in addition, give them permission to **self-carry and self-administer** this medication. They will be considered independent in medication delivery and need intervention only during emergencies.

Name of Licensed Prescriber and Title (please print): _____

Health care provider's signature: _____ Date: _____

Address: _____ Phone: _____

NPI#: _____ License#: _____



282 Main Street, Dansville NY 14437
Phone: (585) 335-4010 Fax: (585) 335-4080
www.dansvillecsd.org

Dear Parents/Guardians:

The purpose of this letter is to inform you of our "**Parent Portal**" program. This program allows you access to the **Schooltool Parent Portal** via the Internet using your email address and a password. This program also allows email access to your child's teachers 24 hours a day, seven days a week, and lets you view your child's:

- **Contact Information**
- **Academic Schedule**
- **Attendance Records**
- **Discipline Records**
- **Current Grades**
- **Assessments**
- **Letters**

When your account has been activated, you will receive an email with the website address, "how to" instructions, and a password allowing you access to the Parent Portal. *Please fill out the information below and return this form to the Main Office for activation.* Thank you!

		Grade level:
Student Name:		
Parent/Guardian 1 Name Printed:		Parent/Guardian 2 Name Printed:
Parent/Guardian 1 Name Signed:		Parent/Guardian 2 Name Signed:
Parent/Guardian 1 Email Address:		Parent/Guardian 2 Email Address:

NOTE:

If you had an account last year, you do not have to submit a new form. The password you had from last year will continue to work this year. However, if your email address has changed, please fill out a new form and we will email you a new password.



Dansville Athletic Department
282 Main Street
Dansville, NY 14437

TRANSFER: Note: The transfer Rule will be enforced as written with no variations permitted.

a. A student in grades 9-12 who transfers, with a corresponding change in residence of his/her parents (or other persons with whom the student has resided for at least six months) shall become eligible after starting regular attendance in the second school. A residence change must involve a move from one school district to another. Furthermore, when a student moves from public school district to another public school district for athletic eligibility the student must enroll in the public school district or in a private school within that district's boundaries of his/her parent's residency. For athletic eligibility, a residency is changed when one is abandoned by the immediate family and another residency is established through action and intent. Residency requires one's physical presence as an inhabitant and the intent to remain indefinitely. The Superintendent, or designee, will determine if the student has met district residency requirements.

b. A student who transfers without a corresponding change in residence of his/her parents (or other persons with whom the student has resided for at least six months prior) is ineligible to participate in any interscholastic athletic contest in a particular sport for a period of one (1) year if as a 9-12 student participated in that sport during the one (1) year period immediately preceding his/her transfer. Students who transfer from any school to the public school district of the residence of his/her parents (or other persons whom the student has resided for at least six months) or a private school within that district's boundaries shall receive a waiver from the Transfer Rule. Such

A transfer without penalty will only be permitted once in a high school career. ***Schools must submit the required transfer form to the Section office. Athletes are not permitted to practice before the form has been submitted. Athletes are not permitted to compete without approval. Exemptions to (b): For athletic eligibility a student must enroll in the public school district or in a nonpublic school within that district's boundaries of his/her parent's residency.***

Any subsequent transfer would be subject to the Transfer Rule.

1. The student reaches the age of majority and established residency in a district and can substantiate that they are independent and self-supporting.

2. If a private or parochial school ceases to operate a student may transfer to another private or parochial school of his/her choice. Otherwise, a student must enroll in the public school district of his/her parents' residency.

3. A student who is a ward of the court or state and is placed in a district by court order. Guardianship does not fulfill this requirement.

4. A student from divorced or "legally" separated parents who moves into a new school district with one of the aforementioned parents. Such a transfer is allowed once every six months. The legal separation agreement must address custody, child support, spouses support and distribution of assets and be filed with the County Clerk or issued by a Judge.



Dansville Athletic Department
282 Main Street
Dansville, NY 14437

5. A student who is declared homeless by the superintendent pursuant to Commissioner's Regulation 100.2.
6. A student of a military employee who is transferred to an active military base may enroll in the non-public school closest to their residence and maintain eligibility if the student enrolls in a non-public school immediately following the change in residence.

NOTE: It is provided, however, that each school shall have the opportunity to petition the section involved to approve transfer without penalty based on an undue hardship for the student. Educational Waivers will not be considered as an undue hardship effective for the 2015-2016 school years.

- c. Transfer students trying out for sports before school opens in the fall shall register and be accepted by the principal of that school before the medical examination and the first practice. This shall constitute the start of the regular attendance for falls sports.

NOTE: After approval by the school medical officer a student may practice immediately and must satisfy the specific sports standard according to the number of practice sessions.

- d. Practices at the previous school may be counted toward the minimum number of practices required provided the principal or athletic director of the previous school submits, in writing, the number and dates of such practices to the principal or athletic director of the new school.

- e. 7th and 8th graders that compete at the HS level will be subject to the transfer rule, effective with the 2017-2018 school year.

Dr. Paul Alioto
Superintendent of Schools
(585) 335-4000 x2300

Mr. Rob VanScoter
Athletic Coordinator
(585) 335-4010 x1018



Dansville Athletic Department

282 Main Street

Dansville, NY 14437

To be completed if the student has participated in interscholastic athletics.

ATHLETIC TRANSFER FORM (Grades 7-12 only):

Student's Name: _____ Date of Birth: _____

Date of Transfer: _____ Grade Level: _____ Age: _____

Date student entered 9th grade: _____

Name of School Transferring FROM: _____

Address of Previous School: _____

Phone number of Previous School: _____

Whom did student live with while attending previous school: _____

Previous Address of Student: _____

Relationship of those the student was living with at previous school: _____

How Long did the student attend the previous school: _____

Reason for transfer: _____

Parent/Guardian Name(s) and phone numbers: _____

Current Address: _____

Whom will the student be residing with while attending Dansville: _____

Relationship of this (these) person(s) to the student: _____

If the student participated in interscholastic athletics at previous school you must also complete the back side of this document. Sport History:

Dr. Paul Alioto
Superintendent of Schools
(585) 335-4000 x2300

Dave Moodie
Athletic Director
(585) 335-4010 x1172

Athletic Coordinator
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Dansville Athletic Department
282 Main Street
Dansville, NY 14437

SPORT HISTORY:

YEAR	SPORT	LEVEL	NAME of SCHOOL
7 th Grade _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
8 th Grade _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
9 th Grade _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
10 th Grade _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
11 th Grade _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
12 th Grade _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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