Onteora Central School District Health Services

June

Dear Parent/Guardian;

We look forward to welcoming your child back to school in September. The Health and Safety of students and staff are constantly being reviewed and updated. Our top priority is to maintain a safe and healthy environment for everyone.

Please be advised when students return in September, immunizations must be up to date, or have been approved as in process (this must follow the Advisor Committee on Immunizations Practices [ACIP] schedule). You will receive a notice from your child's school nurse if your child requires any immunizations. If your child has a medical exemption for immunization, a new request must be filled out by your child's Health Care Provider (HCP) and sent to the school for final approval each year. Please contact your child's school nurse with any questions or concerns.

All new entrants and students in grades K, 1, 3, 5, 7, 9, and 11 must have a current physical on file in the health office. This documentation, if not already submitted, is expected to be provided to the health office by September 30th. If the health appraisal is not received by September 30, the school nurse will contact you regarding a physical either with your primary care provider or with the school Medical Director. A dental certificate is recommended on all students who are required to have a current physical on file.

Please notify your school nurse of any changes to your child's health; such as new medications and new diagnoses, including COVID – 19.

Medications, prescribed or over the counter, MUST have a HCP written order for the medication to be administered at school. Students are only allowed to carry certain medications on their person. The HCP must complete the medication order form and the self-carry attestation form in order for the student to self-carry. The completed forms must be turned in to the school nurse.

Alcohol based hand sanitizers are still being utilized in school. If you do not wish for your child to use the hand sanitizer, please send a written notice to the health office that your child is NOT to use the alcohol-based hand sanitizers.

Please view and print the grade specific Health Forms available via the links on the Onteora Central School District health services webpage. If you do not have access to a printer, please email your school nurse to request hard copy of required forms via US Mail.

Sincerely,

Onteora Central School District Nurses

Nara Scanlan, RN, Bennett School
Sabrina Blakely, RN, High School
Karen Hansen, RN, Middle School
Heather Kight, RN, Woodstock School
Brianna Ashmore, RN, Bennett School (on leave)

6/24 lr

Onteora Central School District

Bennett 657-2354 **Middle/High School 657-2373** **Woodstock 679-2316**

Provider and Parent Permission to Administer Medication at School/School Sponsored Events

To Be Completed By Parent

Student Name: _____ DOB: _____

Grade: _____ Teacher/HR: _____ School: _____

I request the school nurse give the medication listed on this plan; or after the nurse determines my child can take their own medications, trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with school staff caring for my child. I understand that the school nurse may be in touch with my health care provider to clarify medication orders.

_____ _____
Parent/Guardian Signature **Date**

_____ _____
Email **Phone Where We Can Reach You** ☐ **Check if Cell**

To Be Completed By Health Care Provider-Valid for 1 Year

Diagnosis _____

Medication _____

Dose _____ Route _____ Time(s) _____

Recommendations _____ ICD Code _____

Note: Medication will be given as close to the prescribed time as possible, but may be given up to one hour before or after the prescribed time. Please advise if there is a time-specific concern regarding administration.

☐ **Independent Carry and Use Attestation Attached (Required for Independent Carry and Use)**

NYS law requires both provider attestation that the student has demonstrated they can effectively self- administer inhaled respiratory rescue medications, epinephrine auto-injector, Insulin, carry glucagon and diabetes supplies or other medications which require rapid administration along with parent/guardian permission delivery to allow this option in school. Check this box and attach the attestation to this form to request this option.

_____ _____
Name/Title of Prescriber (Please Print) **Date**

_____ _____
Prescriber's Signature **Phone**

_____
Email

Stamp

Return to:

School Nurse: Heather Kight, RN School: Woodstock Elementary

School Address: 8 West Hurley Road, Woodstock, NY 12498

Phone: (845) 679-2316 Fax: (845) 679-1207 Email: hkight@onteora.k12.ny.us

Revised 6/24

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

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

Notes

Hearing 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

	Negative	**Positive**	**Referral**	**Not Done**
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	☐	☐	☐ 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*:** (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.

*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.

LEGAL REQUIREMENTS

Immunizations

New York state requires the following immunizations:

- 5 DTaP Diphtheria Toxoid (only 4 if the 4th is given on or after age 4)
- 4 IPV Polio (only 3 are requires if the 3rd is given after age 4)
- 1 Tdap booster for 6th graders (after age 10)
- 2 MMR Measles, Mumps and Rubella
- 3 Hepatitis B
- 2 Varicella (chicken pox)

Health Examinations

New York State Law requires health appraisals (physical exams) for **all students entering Kindergarten, Grade 1, Grade 3, Grade 5 and all CSE students.** The Health Office can perform these examinations; however, your healthcare professional is recommended because he or she:

- Is familiar with your child's history.
- Can provide needed immunizations.
- Has diagnostic facilities not found in schools.
- Can immediately treat or advise you about any health conditions that might be found.

The Health Office will provide a form for your doctor to use for such an examination or you can print one from the district web site.

Dental Certificates

A dental certificate is recommended to be completed by your child's dentist and turned into the health office.

Vision and Hearing Screenings

New York State requires vision and hearing screenings for all new entrants and for Kindergarten, Grade 1, 3 and 5 and all CSE students.

The Vision screening will include a near vision, distance acuity and color perception (for new entrants only).

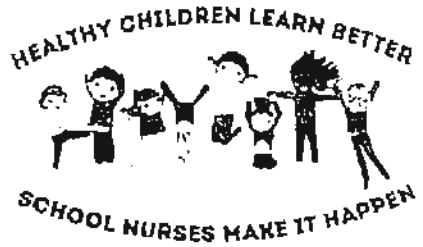
HEALTHY HABITS

Your children will learn if you practice healthy habits at home.

- Have a regular bedtime hour for your child. Primary grade children need at least 10 hours of sleep every night.
- Help your child start each morning with enough time to wash, eat a good breakfast and brush their teeth.
- Make sure your child eats regular meals. *Breakfast is especially important.*
- Encourage your child to eat healthy foods. Try snacks such as fruits, raw vegetables, yogurt, and cheese.
- Teach your child to wash their hands regularly and always before eating and after using the bathroom.
- Help your child to choose clean clothes suitable for school. Pants and sneakers are appropriate when they have Physical Education.
- Always make sure your child dresses appropriately for the weather. Children need to wear warm enough clothes to be comfortable for outdoor recess and their bus rides to and from school.
- Make sure your child wears a warm coat, hat, and gloves to school in the winter. They should also have snow pants and waterproof boots for wet and snowy conditions.

Onteora School District

HEALTH INFORMATION



Elementary School Nurses:

Heather Kight, RN-Woodstock
679-2316 Ext. 5140
Nara Scanlon, RN-Bennett
657-2354 Ext 4140

HEALTH OFFICE GOALS

Health problems make learning harder. The school nurse has the following goals to support your child's education:

- Maintain a healthy environment so children can learn effectively.
- Help the child maintain the highest level of health.
- Identify potential health problems and help families address them.
- Teach children healthy habits.

HOW WE HANDLE INJURIES AND ILLNESSES AT SCHOOL

The health office is only allowed to provide immediate First Aid and temporary care if a student is injured or becomes ill at school. Under New York State Law, a nurse cannot diagnose a condition or provide more than first aid for an emergency.

- The school nurse will handle minor problems and send your child back to class if no further care is needed.
- The school will make every effort to reach a parent or guardian who cannot be reached, the school will call additional emergency numbers you have provided.
- Parents or guardians are responsible for transportation and further care. The school will help the parents or guardians plan transportation to home or medical facility.
- **If your child is sent home early due to fever, vomiting or diarrhea, do not send them back to school until they are symptom free for 24hrs without fever-reducing medication.**

WHAT YOU NEED TO TELL US

Who to Contact- all contact information must be kept up to date. Notify the office any time there are changes to the information.
The school sends home an annual form for the parent/guardian to update. This will tell the school how to reach you and who else to contact if you cannot be reached.

Information about your child's health
The school provides Health Forms for you to tell us about existing medical conditions your child might have and any special instructions for responding to problems that might occur.
Make sure you complete the Annual Health Summary and keep it up to date.
Please include the following:

- Chronic physical or medical conditions
- Medications your child takes
- Allergies to insect stings
- Food allergies such as milk, nuts, etc.
- History of any allergic reaction to medications.

ABSENCE FROM SCHOOL

If your child is absent from school, he or she must bring a written excuse that includes the Student's name, the date(s) absent and the reason for the absence. The note must be signed by a parent/guardian. Please contact the school nurse with your child's absence and if your child has a contagious illness.

MEDICATIONS AT SCHOOL

Every effort should be made to avoid giving any medication in school. This includes homeopathic remedies, prescription, and non-prescription drugs (such as ibuprofen, cough drops, antacids, etc.).
If your child must take medications during school hours, you must do the following:

- Provide a **written request from your healthcare professional** that provides the name, the dose, and the frequency of the medication.
- Provide a **written request from the parent/guardian** to administer the medication
- Deliver the medication in the original labeled container to the health office.
- (The medication must be kept in the health office).
- The provider and parent/guardian permission to administer medication forms are available on our district wide website.

ONTEORA CENTRAL SCHOOL DISTRICT
Health Office

Important Reminder

Dear Parents/Guardians:

All schools in the Onteora District are "Nut Aware" schools. This procedure has been implemented in order to provide a safe environment for students who are allergic to nuts (peanuts/tree nuts). An anaphylactic (severe) reaction can be devastating to the student or the students witnessing the reaction.

The follow steps are followed:

- The cafeteria does not offer peanut butter, only sun butter. Students may select other options available, turkey, tuna, ham and/or cheese, or sun butter & jelly sandwich. The snacks and cereal provided do not contain peanut products. Note: at the high school some snacks may contain nut products. <u>All students and staff are reminded to observe signs and read labels.</u>
- There are designated nut free tables in the Elementary school cafeterias, which are cleaned with different cleaning supplies. No nut products are allowed at the designated tables. There are no nut free tables at the Middle/High School. Nut (peanut/hazelnut) butter will be allowed to be eaten in the cafeteria, at tables away from the Nut Free table. We encourage minimizing sending in peanut butter or nut snacks. All children who eat nut products must wash their hands after eating. *If a nut/peanut allergic child touches an item after someone who has touched the same item with nut oils on their hands, a severe reaction could occur.*
- All common rooms are nut aware. If a student brings in an item with nuts they will follow the same procedure as the procedure in the cafeteria (see above). We recognize that nuts are a good and healthy snack for most children. We also know that students are in school only 6 hours each day and that there are other snacks that are just as healthy and will help others in our school community remain safe.
- Classroom teachers will determine if the classroom is nut free or will establish a nut free area, using the same precautions as the cafeteria.
- The school nurse and/or teacher will discuss food allergies with all classes in the school. The cafeteria staff will review the Nut Free procedures in the cafeteria at the beginning of the school year and throughout the year as needed.
- Staff members will be trained in the use of Epi-Pen if applicable for specific students.
- Parents should check with the school nurse and/or classroom teacher before bringing in snacks for the classroom for any allergies.
- Research and materials on this condition, and how other schools approach the same situation, are continually reviewed.

It is our responsibility to minimize the risk for all our students to the greatest extent possible. No child should have to be afraid to come to school for fear that he/she will have a potentially life threatening reaction. These minor changes reduce the risk significantly for all of our children.

Feel free to contact your child's school principal or school nurse with any concerns you may have. We will work with you to help find a solution to your concerns. Thank you for assisting us in keeping all children safe.

ONTEORA CENTRAL SCHOOL DISTRICT

High School/Middle School – (845)657-2373, Bennett Elementary - 657-2354, Phoenicia Elementary - 688-5580, Woodstock Elementary 679-2316

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Month Day Year

Sex: ☐ Male ☐ Female

Will this be your child's first visit to a dentist? ☐ Yes ☐ No

School: Name

Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature_____ Date

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp) Dentist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here. ☐

II. Oral Health Status (check all that apply).

☐ Yes ☐ No **Caries Experience/Restoration History –** Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No **Untreated Caries –** Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify):_____

III. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

Revised 3-18-09