

Dear Parkville Families:

As the 24/25 school year approaches, I would like to thank you for your inquiries regarding your medical paperwork and provide you with some helpful information.

PHYSICAL EXAMS / IMMUNIZATIONS

All students attending a new school in September **must submit a physical exam dated within 1 year of the first day of school**. All children must be fully immunized. A New York State (not daycare/childcare) exam/immunization form that is signed and stamped by your pediatrician is acceptable and must include the following: height, weight, blood pressure, BMI, and clearance for full physical activity.

- [NYS Health Examination Form](#)
- Pre-K and K - a lead result should be included ([Childhood Lead Poisoning - New York State Department of Health](#))
- **Kindergarten students only: Proof of Varicella #2, MMR #2 and 4 year old DTaP and Polio are mandatory for entry into Kindergarten. Check your immunization records or follow up with your pediatrician.**
- Dental Screening is requested for Pre-K and K: [GNPS Dental Health Report](#)

ASTHMA - If your child has asthma and medication is required, the following must be submitted:

- [Asthma Action Plan](#)
- Medication must be delivered to the Health Office by an adult
- **A spacer or valved chamber is required with a metered dose inhaler or puffer.** A spacer is not needed if your child uses a dry powder inhaler.
- **If your child uses a nebulizer you must provide the tubing.**
- All medication must be in the original prescription box

FOOD ALLERGIES - If your child has **food allergies** and medication is required, the following must be submitted:

- [Allergy Action Plan](#)
- Medication /Benadryl/ Epinephrine must be delivered to the Health Office by an adult
 - [NYS Guidelines for Administration of Medication](#)
- Two doses of Epinephrine/Epi Pens are recommended
 - All medication must be in the original prescription box

PRESCRIPTION/OVER THE COUNTER MEDICATION - If prescription or over the counter medication is required, the following must be submitted:

- [Parent Authorization for Medication Administration](#)
- [Parent/MD Authorization for Medication Administration](#)
- All medication must be delivered to the Health Office by an adult
 - [NYS Guidelines for Administration of Medication](#)
- **All medication must be in the original packaging** with the student's name affixed. Prescription medication must have a pharmacy label including the following: student's name, name and phone number of pharmacy, licensed prescribers name, date and number of refills, name of medication and dosage, and route and frequency of administration.

[CLICK HERE TO ACCESS THE NURSE'S PAGE AND FOR ALL HEALTH FORMS](#)

If you have any questions or concerns, please reach out to me. I am here to help and support you in any way that I can.

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