

Jericho Health Office
Tel 516 203- 3600 Fax 516 203-3626

Dear Parents/Guardians

The New York State Law requires **all new entrants must have the following on file:**

*** NOTE; They are specific immunizations requirements for each grade level. Please see list below.**

1 .Proof of Complete Immunizations- copy of the original immunization records must be signed and stamped by a health care provider.

***All students entering grades 6th -8th** require the following immunizations:
4- 5 DPT/DTaP, 3-4 Polio, 3 Hepatitis B, 2 MMR (measles, mumps, rubella),
2 Varicella, 1 Tdap and 1 Meningitis vaccine for 7th grade .

***Students entering grades 9th -12th** require the following immunizations:
3 DPT/ DTaP, 1 Tdap, 3 Polio, 2 MMR, 3 Hepatitis B, 1 Varicella and 1 Meningitis at 16 years or older.

2. Proof of Physical Exam dated from the current year.

Physical exam must be completed, signed and stamp **by a NY State health care provider; a physician, a physician assistant or a nurse practitioner.** (Body Mass Index (BMI) and Weight Status Category must be included in your child's physical)

3. Proof of Dental Exam completed by a dentist. The NY State Department of Health recommends students have a dental exam from the current year.

4. Health History

Please contact the Health Office if you have any questions.

Middle School Nurse
Kathleen Greene R.N
Ext 3206

High School Nurse
Iris Reshef R.N
Ext 3230

**JERICHO UNION FREE SCHOOL DISTRICT
PHYSICAL EXAMINATION FORM**

THE FORM MUST BE COMPLETED BY A NEW YORK STATE LICENSED HEALTH CARE PROVIDER
This is the ONLY form acceptable for Interscholastic Athletic Participation

Name _____ Grade _____ Date of Birth _____

Address _____ Telephone _____

1. Height _____ 2. Weight _____ 3. Blood Pressure _____ 4. Pulse (resting) _____

5. Body Mass Index (BMI) _____

Weight Status Category (BMI Percentiles) _____ Less than 5th _____ 5th through 49th _____ 50th through 84th
 _____ 85th through 94th _____ 95th through 98th _____ 99th and higher

6. Heart _____ Lungs _____ Hernia _____ Scoliosis _____

7. Hearing: Right Ear _____ Left Ear _____

8. Vision: W/O Glasses: Right _____ Left _____
 With Glasses: Right _____ Left _____

9. Allergies _____

10. Is student on **ANY MEDICATION** that may interfere with participation in physical education or sports?

No _____ Yes _____ if yes, explain: _____

11. Are there **ANY MEDICAL PROBLEMS** or **RESTRICTIONS** that may interfere with physical education or sports?

12. Did student sustain serious injury or illness last year? No _____ Yes _____

If yes, explain: _____

Student May Participate In:

<u>CONTACT SPORTS * ()</u>	<u>ENDURANCE SPORTS * ()</u>	<u>OTHER SPORTS * ()</u>
Baseball	Cross Country	Archery
Basketball	Fencing	Bowling
Football	Gymnastics	Cheerleading
Hockey - Field & Ice	Swimming	Field Events
Lacrosse	Tennis	Golf
Soccer	Track	Other
Softball	Volleyball	
Wrestling	Other	
Other		

13. Immunizations: **PLEASE ATTACH SHEET SHOWING CURRENT IMMUNIZATION RECORD**

*I certify that the above named student is physically qualified to participate in the Physical Education and Interscholastic Athletic programs * (√) above for one year from this date unless otherwise noted.*

Health Care Provider's

Stamp & Signature: _____ **Exam Date:** _____

**JERICHO UNION FREE SCHOOL DISTRICT
HEALTH HISTORY FOR ALL STUDENTS**

Dear Parent or Guardian:

Please complete the health history and update information below. It is recommended that this health history form be on file for all students and updated annually. Please answer all questions. Please note: This form does not take the place of the Parent Permission & Health History for Interscholastic Athletics.

Iris Reshef, R.N. & Kathleen T. Greene, R.N.

**STUDENT HEALTH HISTORY & UPDATE
(To be completed by parent or guardian)**

NAME _____ **D.O.B.** _____ **GRADE IN**
SEPT. _____

Please check if the student has ever had any of the following:

_____ Anemia	_____ Headaches	_____ Tuberculosis
_____ Asthma Allergies	_____ High Blood Pressure	_____ Jaundice
_____ Diabetes	_____ Heart Disease Murmur	_____ Seizures
_____ Chronic Cough	_____ Eye Problem	_____ Hearing Loss
_____ Kidney Disease	_____ Rheumatic Fever Joint Problem	_____ Stomach Pain
_____ Prolonged Bleeding		

Give dates and explanations for any conditions checked above _____

SINCE THE LAST PHYSICAL EXAMINATION HAS YOUR CHILD HAD ANY OF THE FOLLOWING?

	YES	NO
1. Any injuries requiring medical attention?	_____	_____
2. Any illness lasting more than 5 days?	_____	_____
3. Taking any medication/under physician's care?	_____	_____
4. Any feeling of faintness, dizziness, or fatigue after heavy exertion?	_____	_____
5. Wears glasses, contacts?	_____	_____
6. A surgical procedure/ fracture?	_____	_____
7. Treated in a hospital or emergency room?	_____	_____
8. Any reason this person should not participate in any sport?	_____	_____
9. Any excused absences from Phys. Ed.?	_____	_____
10. Any known allergies?	_____	_____
11. Any chronic disease?	_____	_____
12. Any head injury with or without loss of consciousness?	_____	_____

If you answer "YES" to the any of the above questions, please explain the reason below.

COMMENTS: _____

PARENT/STUDENT INFORMATION

Student Name: _____ **D.O.B.** _____ **Sex** _____

Parent/Guardian: _____ **Phone #:** _____

Home Address: _____ **Alternate #:** _____

Parent/Guardian Signature _____ **Date** _____ **Revised** _____

3/2016

Jericho Public Schools
99 Cedar Swamp Road
Jericho, NY 11753
Health Office

Dear Parent /Guardian,

The NY State Department of Health recommends students have an annual dental exam. Please have your dentist complete the form and return it to the Health Office.

Dental Health Certificate

Name _____ Grade _____

Address _____

Exam Date _____

Please check one:

_____ No treatment is necessary
_____ Treatment is in process
_____ Treatment is complete.

Dentist's signature/ stamp

Address

Jericho Union Free School District

Authorization for Administration of Medication

A. To be completed by the Parent or Guardian:

I request that my child _____, grade _____ receive the medication as prescribed below by our licensed health care provider. **The medication is to be furnished by me and brought by me to the Health Office in the properly labeled, original container from the pharmacy.** I understand that the school nurse or other designated person, in the case of the absence of the school nurse, will administer the medication.

Signature (Parent or Guardian): _____

Address: _____

Telephone #: _____ Date: _____

B. To be completed by the licensed health care prescriber:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication: _____

Prescribed Dosage and Means of Administering: _____

Time to be Taken During School Hours: _____

Expected Duration of Treatment: _____

Possible Side Effects and Adverse Reactions (if any): _____

Other Recommendations (including PRN or self-administration orders): _____

Name and Title of Licensed Prescriber (Please Print): _____

Signature: _____ Date: _____

Address: _____ Phone: _____

Hearing-Students in grades 7, 10 and all new entrants are screened for hearing.

Scoliosis-Scoliosis screenings are performed on students in grade 6-9.

In the event that your child has difficulty with any of the screenings a written notice will be sent to your home for follow up with your private physician.

Physical Exams/Health Appraisals

Students in grades 7 and 10 and all new entrants to Jericho Schools are required to have a physical exam by your physician. The physical exam must be completed and signed by NY State License practitioner. The physical exam is due in the Nurse's Office within **30 days** of the start of the school year.

If your student is not in compliance you will be notified, and a physical exam will be scheduled with our school doctor.

All students who would like to participate in interscholastic sports must have a current physical exam completed on the Jericho Physical Form and 2 copies of Parent Permission Forms. The Jericho form is the **only** form accepted for interscholastic sports.

All forms can be found on the Jericho School Website (under athletics).

Physical Education Excuses

When a student can not participate in Phys. Ed or sports due to an injury or illness, the following procedure takes place:

1. A doctor's note should be presented to the nurse indicating the disability and length of time the student will be out of activity. If the note does not indicate a

date to return, a second note will be necessary prior to the student's return to Phys.ed and sports. Any student who is excused from Phys.ed will not be allowed to participate in sports.

2. A parent may submit a note to excuse a child for **one** day. The Nurse, at her discretion, may extend the excuse for up to one week.

3. Any student who arrives in school with sutures, a cast, sling, or splint is automatically excused from Phys.ed and sports. A doctor's note is required in order to return to gym.

4. Any student who needs crutches in school must have a doctor's note stating he/she needs crutches, elevator, help with books and a pass to leave class 5 min early. A doctor's note is required in order to return to Phys. Ed and sports. A scribe is provided for tests only when a doctor's note is presented.

Registration Procedure

All new entrants to the Jericho UFSD are required documentation of all required immunizations. Immunization record must be an official document from a health care provider. The health care provider's signature and stamped are required.

The immunizations are; **3-4 DTaP, 3-4 Pollo one after the 4th B-day, 3 Hepatitis B, 2 MMR (or 2 measles, 2 mumps, rubella), 2 Varicella** .The MMR and Varicella must be given on or after the child's first birthday. **1 Tdap** by age 11 and 1-2 meningitis vaccines.

Working Permits - Students can obtain working papers if they have a current physical on file.

JERICHO UFSD

MIDDLE/HIGH SCHOOL HEALTH OFFICE

M.S. Nurse: **KATHLEEN GREENE, R.N.**
kathleen@green@jerichoschools.org

H.S. Nurse **IRIS RESHEF, R.N.**
ireshef@jerichoschools.org

Tel: (516) 203-3600

M.S Ext: 3206 H.S Ext: 3230

Fax: (516) 203-3626

**"EVERY BODY NEEDS A SCHOOL
NURSE"**



**Please feel free to contact the Nurse's office
for any questions you may have.**

Medications in School

Every effort should be made to administer medications outside the school setting. In the event that a student needs medication in school in order to maintain an optimal state of health, the following procedure must be followed:

1. A signed doctor's order stating the name, dosage, time to be given and diagnosis must be on file. This order must be renewed annually. This includes over the counter medications as well as prescription medications. Forms are available on the Jericho School website or in the Nurse's office.
2. Written permission from the parent or guardian authorizing the administration of the medication in school.
3. All medications must be brought to school by a parent or other designated adult. No students in the school is permitted to carry prescription or over the counter medication.
4. All medications must be in properly labeled bottles from the pharmacy. A second labeled bottle is requested for school trips. If an over counter medication is to be given, 2 small containers are requested so one can go on field trips with the student.

Screenings

The following screenings will be performed:

Vision-Students in grades 7, 10 and new entrants are screened for vision.

When your child is ill:



If your child should become ill or injured in school, every effort is made to contact a parent. If after a reasonable amount of time passes without being able to get in touch with a parent, the emergency contacts are then notified. **It is extremely important that your personal contacts including your cell phone and work numbers are kept up to date as well as any changes in your emergency contacts. Students will not be released to any individual who is not listed on the emergency contact list.**

In the rare case your child is seriously injured or ill and a parent is unavailable, please know that your child's health and safety will always be our number one priority!

When your child is home ill, he or she should remain home until their fever is below 100 degrees without the use of any fever reducing medication such as Tylenol, Advil or Ibuprofen for 24 hours.

They should also remain home until they are symptom free for 24 hours. For example if your child has had a stomach virus, they should remain home until all symptoms have resolved and they are eating a regular diet.

School Nurses are a vital link in the school team to coordinate and provide care for our students. School Nurses manage diabetes, asthma, life threatening allergies, mental and emotional illness, and safety issues, administer medications and provide an endless list of services to our student's on a daily basis.

School Nurses:

- Triage student health concerns
- Assess physical and emotional issues
- Provide primary healthcare to students and staff
- Counsel students, staff and parents on health issues
- Administer medication on a daily and as needed basis
- Refer health issues to healthcare providers for further care and treatment as needed
- Provide health screenings-vision, hearing and scoliosis per New York State Regulations
- Monitor health appraisals (physicals) for NYS mandated grades of 7 and 10' as well as all new entrants
- Write emergency action plans as well as Individual Classroom Healthcare Plans
- Teach students to manage their own healthcare concerns
- Act as a liaison between the home and healthcare provider

School Nurses provide students with what they need in order to be at school and participate in the learning experience!