Health Information

To Parents/Guardians:

Please keep the following pages for your records:

1. Health Services Information (HS82a)
2. Letter from School Physician (HS82sc)
3. NYS Mandated Physical Examination Information (HS82d)

For All Students:

The following are to be completed by your physician and returned in the enclosed envelope:

4. Health Appraisal Form (HS324)
5. Record of State Mandated Immunizations (HS323)
6. Dental Examination Record (HS334)
Physical Exams: Physical examinations are required for students in Universal Pre-K or Kindergarten, grades 1st, 3rd, 5th, 7th, 9th, and any student new to the West Seneca Central School District. Students classified with disabilities will need a physical exam every three years. School physicals will be scheduled unless the student returns a physical exam form from their own physician.

Dental Certificates: Students requiring physical exams are also required to have dental exam certificates completed by a licensed dentist. See the above Physical Exams for grades required.

Preventative Screening: During the school year students are screened for possible difficulties in the following areas:

A) Vision • New students and grades UPK or K, 1, 3, 5, 7, and 11th
B) Hearing • New students and grades UPK or K, 1, 3, 5, 7, 11th
C) Postural Defects - Scoliosis • Grades 5-9th

Notification of Defects to the Parents: Parents are notified of health concerns found in all health appraisals and failure on vision, hearing and scoliosis screening by phone and paper referral sent home with your child. This notification should be returned as soon as possible stating the action taken by the medical examiner. The Health Office Staff welcomes information relative to your child’s health. We are willing to assist you in referrals for health care, health education and health insurance.

Continuous Health Records: Please assist us in keeping your child’s health record up-to-date by notifying the health office of any new physical condition, treatments, or immunizations for your child.

Notification: Parent’s will be notified of serious injury or illness. Parents are responsible for the transportation of ill children to home. Emergency phone numbers and details will be obtained from the student’s emergency information sheet. PLEASE NOTIFY THE SCHOOL OF ANY CHANGES IN YOUR WORK, CELL, OR HOME PHONE NUMBERS. If the parents are unable to be reached, the emergency contact sheet should reflect who is allowed to pick your child up if we are unable to reach you. Please make sure that these adults as listed HAVE ACCESS TO A CAR AND ARE AVAILABLE DURING SCHOOL HOURS.

Attendance: Please encourage regular school attendance as each day adds a step in his/her total development. However, please keep your child home if he/she shows any suspicious symptoms such as: sore throat, rash, colds, persistent cough, fever (anything over 100 degrees), “weepy lesions”, inflamed eyes or symptoms of a contagious disease. Please call the school if your child is absent.

Medication Policy: If it is necessary for your child to take medication during school hours, New York State Law requires a written NOTE FROM THE PARENT, and a written NOTE FROM THE DOCTOR. The supply of medications must be brought to the Health Office BY AN ADULT IN THE PHARMACY CONTAINER. This law applies to all medications including INHALERS, PAIN MEDICATION, COUGH DROPS, AND ALL OVER THE COUNTER MEDICATION. Students who are self-directed for their medication administration must have medical provider and parental written permission and must see the nurse at the beginning of the year to review technique regarding proper handling of the medication. Also per the law (1999), for self-directed students, parents are encouraged to ask the pharmacist for an additional labeled container to be used for medications that must be given during field trips. For students who are not self directed, parents/guardians may attend the activity and administer the medication. The parent may personally request another adult who is not employed by the district to voluntarily administer the medication and inform the school in writing of such request. The student’s health care provider can be consulted who may order the medication time to be adjusted or the dose eliminated. If no other alternatives can be found the medication will be administered by a licensed professional employed by the district. Forms for medication administration (parent, medical provider and self-directed) may be obtained from the Health Office.
**Physical Education Program:** Please inform the school if your child is unable to participate in a full physical education program (gym and swim). New York State Law requires a DOCTOR’S WRITTEN STATEMENT if a child is to be excluded from physical education for a length of time (i.e. over 1 week). A doctor’s permission is required for complete re-entry into the physical education program after a serious illness, sutures, surgery, fractures or other injuries. Physical Education is a REQUIRED course to graduate. If your child has medical/physical limitations, the physician must complete a Medical Recommendations Form to help design a program to meet your child's individual needs.

**Care for Injuries:** School authorities may provide emergency care for illness and injuries which occur WHILE THE STUDENT IS IN SCHOOL. Treatment is limited to FIRST AID ONLY. HOME injuries are the responsibility of the parents/guardians.

**Sports:** If your child wears glasses and will be participating in interscholastic sports, it is strongly recommended that he/she wear polycarbonate, impact resistant safety lenses or polycarbonate goggles over their eye wear for added protection. It is also recommended that polycarbonate goggles be worn in addition to contact lenses to protect eyes that are impaired from injury.

If you have any questions regarding the health or health care of your student, feel free to call your School Nurse.
Dear Parent(s)/Guardian(s):

This letter is to inform you of our procedure in regards to children who are sick.

If your child is ill, 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 have a place for your child to stay if he/she is ill.

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

- Fever in the past 24 hours
- Vomiting in the past 24 hours
- Diarrhea in the past 24 hours
- Chills
- Sore throat
- Rash
- Strep Throat - must take an antibiotic for at least 24 hours before returning to school
- Bad cold (upper respiratory infection) with a very runny nose or bad cough especially if it has kept the child awake at night.
- Head lice - must be treated according to the nurse or doctor’s instruction and are completely nit (egg) free, before returning to school
- Eye infection - must take an antibiotic for at least 24 hours before returning to school

If your child becomes ill at school and the school nurse feels 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 the health office 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. Thank you for your cooperation.

Dr. Kim Prise
School Physician
Dear Parents and Person(s) in Parental Relation:

The West Seneca Central School District supports New York State in their recognition of the importance of medical supervision and the need for annual preventive physical examinations. In addition, the district recognizes the strong connection in academic achievement and physical, emotional and medical wellness.

**Please Note:**

New York State mandates physical examinations for:

- Students attending UPK or Kindergarten and Grades 1st, 3rd, 5th, 7th, 9th and 11th
- Students transferring into the West Seneca Central School District;
- Students with disabilities are required to have an examination every three years.
- The physical exam must be done within the last 12 months of the student entering school.
- Students participating in interscholastic sports require a physical annually.

Area physicians have designed a universal form to assist in streamlining the physical examination reporting system. *This universal form will be acceptable for both the mandated physical and sport physical.* (Forms will be available in the school main and health offices, downloading it from the district website and at most physician offices).

*If the physical exam is not completed, the school will work with you to schedule an exam with your own physician or will provide you an opportunity to have your child seen by the district’s physician.*

The district encourages you to continue good health practices by having your child receive annual preventive physicals and by collaborating with the school health office to meet the state mandates. If you should have any questions or concerns, please contact the school health office. If at any time you lose your health insurance, contact the school nurse or social worker.

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**Health Offices**

<table>
<thead>
<tr>
<th>Allendale Elementary</th>
<th>East Senior</th>
<th>West Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>677-3664</td>
<td>677-3319</td>
<td>677-3508</td>
</tr>
<tr>
<td>Clinton Elementary</td>
<td>Northwood Elementary</td>
<td>West Senior</td>
</tr>
<tr>
<td>677-3624</td>
<td>677-3644</td>
<td>677-3380</td>
</tr>
<tr>
<td>East Middle</td>
<td>West Elementary</td>
<td>Winchester Elementary</td>
</tr>
<tr>
<td>677-3569</td>
<td>677-3256</td>
<td>677-3584</td>
</tr>
</tbody>
</table>
**HEALTH APPRAISAL FORM**

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE 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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Sex: □ M □ F</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Grade:</td>
<td>Exam Date:</td>
</tr>
</tbody>
</table>

### HEALTH HISTORY

#### Allergies

- □ No
- □ Yes, indicate type
- □ Medication/Treatment Order Attached
- □ Anaphylaxis Care Plan Attached
- □ Food
- □ Insects
- □ Latex
- □ Medication
- □ Environmental

#### Asthma

- □ No
- □ Yes, indicate type
- □ Intermittent
- □ Persistent
- □ Other: ___________________________
- □ Medication/Treatment Order Attached
- □ Asthma Care Plan Attached

#### Seizures

- □ No
- □ Yes, indicate type
- □ Type: ___________________________
- □ Seizure Care Plan Attached
- Date of last seizure: ______________

#### Diabetes

- □ No
- □ Yes, indicate type
- □ Type 1
- □ Type 2
- □ HbA1c results: ____________
- □ Diabetes Medical Mgmt. Plan Attached
- □ Type 1
- □ Type 2
- □ HbA1c results: ____________ Date Drawn: _____________

#### 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:

- □ No
- □ Yes

#### Hypertension:

- □ No
- □ Yes

### PHYSICAL EXAMINATION/ASSESSMENT

<table>
<thead>
<tr>
<th>Height:</th>
<th>Weight:</th>
<th>BP:</th>
<th>Pulse:</th>
<th>Respirations:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### TESTS

<table>
<thead>
<tr>
<th>PPD/ PRN</th>
<th>Positive</th>
<th>Negative</th>
<th>Date</th>
<th>Other Pertinent Medical Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickle Cell Screen/PRN</td>
<td>□</td>
<td>□</td>
<td></td>
<td>□ Concussion – Last Occurrence: ____________________________</td>
</tr>
</tbody>
</table>

#### Lead Level Required

- □ Test Done
- □ Lead Elevated > 10 µg/dL
- □ Other: ____________________________

#### System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

- □ HEENT
- □ Dental
- □ Neck
- □ Lymph nodes
- □ Cardiovascular
- □ Lungs
- □ Abdomen
- □ Back/Spine
- □ Genitourinary
- □ Extremities
- □ Skin
- □ Neurological
- □ Speech
- □ Social Emotional
- □ Musculoskeletal
- □ Assessment/Abnormalities Noted/Recommendations:

- □ Additional Information Attached

Diagnoses/Problems (list) ICD-10 Code

- ____________________________
- ____________________________
- ____________________________
- ____________________________
- ____________________________
<table>
<thead>
<tr>
<th>SCREENINGS</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision</strong></td>
<td></td>
</tr>
<tr>
<td>Distance Acuity</td>
<td>20/</td>
</tr>
<tr>
<td>Distance Acuity With Lenses</td>
<td>20/</td>
</tr>
<tr>
<td>Vision – Near Vision</td>
<td>20/</td>
</tr>
<tr>
<td>Vision – Color</td>
<td>☐ Pass ☐ Fail</td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td></td>
</tr>
<tr>
<td>Pure Tone Screening</td>
<td>Right dB</td>
</tr>
<tr>
<td>Scoliosis</td>
<td>Required for boys grade 9</td>
</tr>
<tr>
<td>And girls grades 5 &amp; 7</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Recommendations:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</strong></td>
<td></td>
</tr>
<tr>
<td>□ Full Activity</td>
<td>without restrictions including Physical Education and Athletics.</td>
</tr>
<tr>
<td>□ Restrictions/Adaptations</td>
<td>Use the Interscholastic Sports Categories (below) for Restrictions or modifications</td>
</tr>
<tr>
<td>□ No Contact Sports</td>
<td>Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling</td>
</tr>
<tr>
<td>□ No Non-Contact Sports</td>
<td>Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track &amp; field</td>
</tr>
<tr>
<td>□ Other Restrictions:</td>
<td></td>
</tr>
<tr>
<td>□ Developmental Stage for Athletic Placement Process ONLY</td>
<td>Grades 7 &amp; 8 to play at high school level OR Grades 9-12 to play middle school level sports</td>
</tr>
<tr>
<td>Student is at Tanner Stage: □ I □ II □ III □ IV □ V</td>
<td></td>
</tr>
<tr>
<td>□ Accommodations: Use additional space below to explain</td>
<td></td>
</tr>
<tr>
<td>□ Brace*/Orthotic</td>
<td>□ Colostomy Appliance*</td>
</tr>
<tr>
<td>□ Insulin Pump/Insulin Sensor*</td>
<td>□ Medical/Prosthetic Device*</td>
</tr>
<tr>
<td>□ Protective Equipment</td>
<td>□ Sport Safety Goggles</td>
</tr>
<tr>
<td>*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.</td>
<td></td>
</tr>
<tr>
<td>Explain: __________________________________________</td>
<td></td>
</tr>
<tr>
<td><strong>MEDICATIONS</strong></td>
<td></td>
</tr>
<tr>
<td>□ Order Form for Medication(s) Needed at School attached</td>
<td></td>
</tr>
<tr>
<td>List medications taken at home:</td>
<td></td>
</tr>
<tr>
<td><strong>IMMUNIZATIONS</strong></td>
<td></td>
</tr>
<tr>
<td>□ Record Attached</td>
<td>□ Reported in NYSIIS</td>
</tr>
<tr>
<td><strong>HEALTH CARE PROVIDER</strong></td>
<td></td>
</tr>
<tr>
<td>Medical Provider Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Provider Name: <em>(please print)</em></td>
<td>Stamp:</td>
</tr>
<tr>
<td>Provider Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
</tr>
</tbody>
</table>

Please Return This Form To Your Child’s School When Entirely Completed.
New York State Public Health Law, Section 2164 mandates that no school shall permit any child to attend or be admitted unless the parent provides the school with a certificate of required immunizations. The current NYS immunization schedule can be found at www.health.ny.gov. Schools must have in their possession a complete list of your child’s immunization record signed by a medical provider.

It is duty of the West Seneca Central School District to enforce the New York State Education Law. In accordance to this law, proof of the mandated immunizations or a note from your medical office indicating the date of a scheduled appointment is required within the time frame listed below.

• Students **within** NYS have **14 days** to provide a record of mandated immunizations.
• Students **outside** NYS have **30 days** to provide a record of mandated immunizations.

If you fail to provide this required information, you will receive an exclusion date in writing for your child.

Please contact your school nurse with any questions or concerns.

Diphtheria/Pertussis/Tetanus: _____, _____, _____, _____, _____

Polio: _____, _____, _____, _____, _____

Hepatitis B: _____, _____, _____

Meningococcal: _____, _____

Pneumococcal: _____, _____, _____, _____

Varicella: _____, _____

Hib: _____, _____, _____, _____

Other (Specify): ______________________, _____, _____, _____, _____

Healthcare Provider’s Name ________________________________  Date ______________

Signature of Healthcare Provider ________________________________
As of September 1, 2008, school districts are now required to request dental health certificates from their students in Pre-Kindergarten or Kindergarten, grades 1, 3, 5, 7, 9, 11 and any student new to the West Seneca Central School District. Please call your school nurse if you have any questions.

**Dental Examination Record**

Student Name ___________________________ Date of Birth ________________

Parent Name _________________________________________________________________

Date of Exam ___________________________

**Note Conditions as Checked**

- [ ] Cavities
  - Home brushing care
    - [ ] Good
    - [ ] Needs improvement
    - [ ] Urgently needs improvement
  - Occlusion or Bite Relation
    - [ ] Normal
    - [ ] Abnormal

- [ ] Prompt and urgent attention is advised

- [ ] Mouth in apparently good condition

**Special Note:** Even though your child’s mouth condition may be good at this time, routine and regular examinations by your family dentist are advisable. See her/him before your child complains of pain. Be watchful! Keep sugar intake low!

_________________________________________ D.D.S. ___________________
Signature of Examining Dentist Date