

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 DTaP, 3 Polio, 3 Hepatitis B, 1 MMR (measles, mumps, rubella), 2 Measles, 1 Varicella and 1 Tdap (by age 11). The MMR and Varicella must be given on or after the child's first birthday.

Working Permits

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

JERICHO UFSD

MIDDLE/HIGH SCHOOL

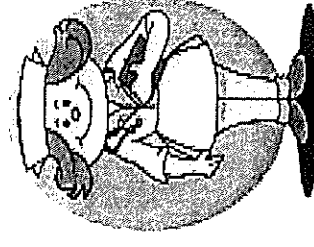
HEALTH OFFICE

M.S. Nurse: SANDEE THAU R.N.
sthau@jerichoschools.org

H.S. Nurse IRIS RESHEF R.N.
Ireshfef@jerichoschools.org

Tel: (516) 203-3600 Fax: (516) 203-3626
M.S Ext: 3206 H.S Ext: 3230

“EVERY BODY NEEDS A SCHOOL NURSE”



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

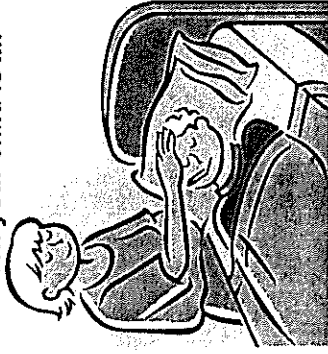
School Nurses are a vital link in the school team to coordinate and provide care for our students. School Nurses manage diabetes, asthma, life threatening allergies, mental and emotional illness, and safety issues, administer medications and provide an endless list of services to our student's on a daily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

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.

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.

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

Dear Parents/Guardians

Please be advised that New York State Law requires **all new entrants must have the following on file:**

1. **Proof of Complete Immunizations** - a copy of the original immunization records.

All students from in grades 6- 12 require the following immunizations:
3 DPT, 3 Polio, 3 Hepatitis B, 2 MMR (measles, mumps, rubella), 1 Varicella (The MMR and Varicella must be given on or after the child's first birthday.), 1 Tdap booster at age 11 (Adacel) or by age 10 (Boostrix).

2. **Proof of Physical Exam -dated from the current year.**
Physical exam must be completed and signed by a physician, physician assistant or nurse practitioner **licensed in NY State.**
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
Sandee Thau R.N
Ext 3206

High School Nurse
Iris Reshef R.N
Ext 3230

JERICOHO UNION FREE SCHOOL DISTRICT

PHYSICAL EXAMINATION FORM

This is the ONLY form acceptable for Interscholastic Athletic Participation

Name _____ Grade _____ Date of Birth _____

Address _____ Telephone _____

Please complete # 3 through # 11 completely.

Blood pressure, pulse, urine and BMI MUST BE RECORDED FOR SPORTS PARTICIPATION!

1. Hearing: Right Ear _____ Left Ear _____ 2. Vision: W/O Glasses: Right _____ Left _____
 With Glasses: Right _____ Left _____

3. Height _____ Weight _____

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

5. Blood Pressure _____ Pulse (resting) _____ Urine _____

6. Heart _____ Lungs _____ Hernia _____ Scoliosis _____

7. Did student participate in interscholastic athletics last year? Yes _____ No _____

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

9. Is student on ANY MEDICATION that may interfere with participation? If yes, explain: _____ Yes _____ No _____

10. Are there any medical problems or restrictions? Please explain: _____

11. Immunizations: **PLEASE ATTACH SHEET SHOWING IMMUNIZATIONS!**

Student May Participate In:

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

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

M.D. Stamp & Signature:

_____ Date _____

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