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/DTP, 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 ___________________________


5. Body Mass Index (BMI) ____________________________
   Weight Status Category __Less than 5th_____ 5th through 49th___ 50th through 84th____ 85th through 94th___ 95th through 98th___ 99th and higher
   (BMI Percentiles)

6. Heart _____ Lungs _____ Hernia _____ Scoliosis ________

   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:

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

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: ____________
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?

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

If you answer "YES" to 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

Macintosh HD:Users:dnash:Desktop:16-17 Website District Registration:MS HS Registration Updated 8.19.docx
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
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 cannot 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 Polio one after the 4th B-day, 3 Hepatitis B, 2 MMR (or 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.
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 Jencho 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.