

WAINSCOTT COMMON SCHOOL DISTRICT

Post Office Box 79 – 47 Main Street  
Waincott, New York 11975  
Phone (631) 537-1080 Fax (631) 537-6977

Dear Parent or Guardian:

The New York State Education Law requires that every child have a medical examination on entering school and in **Kindergarten, Second, Fourth, Seventh and Tenth grades and also new entrants.**

The American Academy of Pediatrics suggests that your child have regular health supervision visits for the purpose of keeping a check on his/her general health and growth during the SCHOOL AGE PERIOD (5-18 YEARS OF AGE) AT LEAST ONCE A YEAR.

Ideally, all health examinations should be made by the child's family physician. He/she can complete necessary immunizations and initiate any medical follow-through that may be needed. By practicing preventative medicine you establish good health habits and insure your child his/her right to learn under the best health conditions.

It is also recommended that your child visit the dentist regularly. School age children have the highest incidence of tooth decay. Please have the dentist fill out the statement. It is mandatory for first and third grade.

Please note: State health law requires that physical exams be done within one year from the start of school.

\*School immunization records should be submitted to the schools by September 1<sup>st</sup> of each school year.

Sincerely,

School Nurse

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

### HEALTH APPRAISAL FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ Gender:  M  F Grade: \_\_\_\_\_

#### IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached  
 No immunizations given today  
 Immunizations given since last Health Appraisal:

Sickle Cell Screen:  Positive  Negative  Not done Date: \_\_\_\_\_  
 PPD:  Positive  Negative  Not done Date: \_\_\_\_\_  
 Elevated Lead:  Yes  No  Not done Date: \_\_\_\_\_  
 Dental Referral  Yes  No  Not done Date: \_\_\_\_\_

Significant Medical/Surgical History:  See attached \_\_\_\_\_

Specify current diseases:  Asthma Diabetes:  Type 1  Type 2  Hyperlipidemia  Hypertension  
 Other: \_\_\_\_\_

Allergies:  LIFE THREATENING  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other: \_\_\_\_\_  
 Seasonal  Medication: \_\_\_\_\_

#### PHYSICAL EXAM

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	<i>Referral</i>
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup>	Vision - Near Point	R	L	
<input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis:  Negative  Positive: \_\_\_\_\_  
 Specify any abnormality (use reverse of form if needed): \_\_\_\_\_

#### MEDICATIONS

Medications (list all):  None  Additional medications listed on reverse of form

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

If AM dose is missed at home: \_\_\_\_\_

I assess this student to be self-directed  Yes  No Student may self carry and self administer medication  Yes  No  
 Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

#### PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:  
 \_\_\_ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.  
 \_\_\_ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: \_\_\_\_\_  None  
 Known or suspected disability: \_\_\_\_\_  Please monitor  
 Restrictions: \_\_\_\_\_  Please monitor

Protective equipment required:  Athletic Cup  Sport goggles/impact resistant eyewear  Other: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ (Stamp below)  
 Provider's Name/Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director.*

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RETURN TO SCHOOL NURSE

FAMILY DENTIST REPORT

NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

TEACHER: \_\_\_\_\_ ROOM \_\_\_\_\_

UNDER TREATMENT \_\_\_\_\_ TREATMENT COMPLETED \_\_\_\_\_

REMARKS:

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DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature D.D.S.

Wainscott Common School District

Dear Parent/Guardian:

Please answer the following questions so that we may keep your child's health record up to date.  
This is required annually.

Name of child \_\_\_\_\_ Grade in September \_\_\_\_\_

1. Name of child's health care provider: \_\_\_\_\_ Telephone # \_\_\_\_\_
2. Communicable diseases during the past year:  
Disease \_\_\_\_\_
3. Immunizations given the past year:  
\_\_\_\_\_ Date \_\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_\_
4. Does your child suffer from asthma? \_\_\_\_\_  
Is he/she under a doctor's care? \_\_\_\_\_  
Doctor's Name \_\_\_\_\_  
Medication used \_\_\_\_\_
5. Does your child have allergies? \_\_\_\_\_  
List food allergies: \_\_\_\_\_  
Is he/she under a doctor's care? \_\_\_\_\_  
Doctor's Name \_\_\_\_\_  
Does your child receive allergy injections? \_\_\_\_\_
6. Did your child receive treatment for any of the following?  

	(Check if yes)	(Date)
Eye or vision problems	_____	_____
Ear or hearing problems	_____	_____
Heart problems	_____	_____
Name of Doctor _____		
Details _____		
7. Is your child a diabetic? \_\_\_\_\_  
How is the diabetes controlled? \_\_\_\_\_
8. Does your child have epilepsy? \_\_\_\_\_  
Treatment \_\_\_\_\_
9. If your child has had surgery, please list:  
\_\_\_\_\_ Date \_\_\_\_\_
10. Physician Name and Phone Number \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Date

Wainscott Common School District

Post Office Box 79

Wainscot, NY 11975

631-537-1080(phone) 631-537-6977(fax)

To: Parent/Guardian:

The newly enacted Medical Privacy Law (FEBRA for school nurses and HIPPA for physicians) requires that written consent be obtained from parents or guardians prior to medical professions sharing information concerning your child's medical history. It is advisable, in these situations, that confidential information be shared with schools staff, cafeteria staff, and bus drivers.

This in valuable health related information would only be shared on an as needed basis. Your child's health and safety is of the utmost importance to us.

Thank you,

Maria DiScipio, R.N.

School Nurse

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Please fill out the following and return to the nurse's office.

I give permission for health related information to be shared with any staff member employed by the Wainscott Common School District who is working with my child

\_\_\_\_\_.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Too Sick for School?

Winter is coming – and so are winter colds and other illnesses that attack young children. You don't want your child to miss school; but neither do you want to send a sick child to school and endanger him or her and other children as well. When *should* your child stay home from school? Here are a few guidelines you might wish to follow:

- **A runny nose, or "leaky faucet,"** is the way many children respond to pollen, dust, chalk, or simply a change of season. If it isn't a common cold, than it's an allergy and allergies aren't contagious. Don't keep the child home.
- **A bad cough or cold symptoms** can indicate a severe cold, bronchitis, flu, or even pneumonia. Some children suffer one cold after another all winter long and a run-of-the-mill cold should not be a reason to miss school. But if your child is not acting "right," has difficulty breathing, or is becoming dehydrated, it could be serious. Check with your pediatrician right away.
- **Diarrhea and vomiting** make children very uncomfortable, and being near a bathroom becomes a top priority. If your child has repeated episodes of diarrhea and vomiting, accompanied by fever, a rash, or general weakness, consult a doctor and keep your child out of school until the illness passes. However, *a single* episode of diarrhea or even vomiting, unaccompanied by any other symptoms, may not be reason enough for the child to miss. BUT... please make sure we know how to reach you or another responsible adult during the day, in case diarrhea and/or vomiting recurs and your child needs emergency attention. (This is an important rule to follow *whenever* you send your child to school with any of the symptoms mentioned here.)
- **Fever** is an important symptom; when it occurs along with a sore throat, an earache, nausea, listlessness, or a rash, your child may be carrying something very contagious. Most pediatricians advise parents to keep children home during the course of a fever and for **an additional 24 hours** after the fever has passed.
- **Strep throat and scarlet fever** are two highly contagious conditions caused by a streptococcal (bacterial) infection. They usually arrive with a sore throat and high fever. Some 12 to 48 hours after the onset of scarlet fever, a rash will also appear. A child with either strep throat or scarlet fever should be kept home and treated with antibiotics, as prescribed by a physician. **After 24 hours on an antibiotic**, a child is usually no longer contagious and may-with a doctor's permission-return to school.
- **Chicken pox**, a viral disease, is not life-threatening to children, but is very uncomfortable and extremely contagious. If your child has a fever, is itching, and begins to sprout pink or red spots (with "watery" centers) on the back, chest, and/or face, the chances are good it's chicken pox. Please tell us if it is; it's important that schools know this information. **Keep your child home for at least a week from the time you first noticed the symptoms and at least two days after the last spot has appeared, whichever period is longer.**
- **Measles (or Rubeola)** is a viral infection that attacks a child's respiratory system, causing a dry, hacking cough, general weariness, inflamed eyes, and fever. If these symptoms appear, keep your child at home and consult your doctor right away to avert more serious complications. If it is confirmed as measles, please let us know so we may be alert to symptoms appearing among other children at school. The measles rash of tiny hard red bumps will next appear on the child's face, behind the ears, and down the body. Your doctor may advise you to keep your child home for several days after the rash has disappeared, also.
- **Conjunctivitis or pink eye** is highly contagious and uncomfortable, so take heed when your child complains of an eye or eyes burning, itching, and producing a whitish discharge. Minor cases (caused by a virus) and severe cases (caused by bacteria) require treatment with prescription eye drops. The child should be on antibiotic therapy for 24 hours before returning to school.
- **Ear infections** are also contagious and, unless properly treated, can cause permanent hearing damage. Here again you should **follow the 24-hour rule for fever and antibiotic therapy.**
- **Mites and lice**, once brought into a home or school, can quickly produce an epidemic of wholesale itching and scratching. Mites are tiny insects in the same class as spiders and ticks; they irritate the skins and cause scabies. Lice are tiny parasites (like ticks) that thrive on the warm, damp scalps of children. Caution your child against sharing anybody's combs and brushes or clothing, especially hats. If your child becomes a "host" to mites or lice, check with your doctor or the school nurse for the most effective way to disinfect your child –*and* all the child's clothing and bedding.