



OUR LADY OF PERPETUAL HELP SCHOOL

575 Fowler Avenue Pelham Manor, New York 10803

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2016-17 School Year

Dear Parents,

As you prepare for the upcoming school year I have outlined the necessary health forms that are required on or before the first day of school. All forms are available on the school website, main office and the nurse's office.

The Parent Health and Information Survey is a form that parents need to complete every year for every child. This form provides me with information about your child's medical history which is not always indicated on a doctor's physical. It also provides me with the most up to date information about your child's health and anything of importance that I should be aware of while he/she is in school.

The New York State Education Department requires the following grades have yearly physicals: Pre-K, K, 2, 4, 7 as well as all new students. **The Health Appraisal Form must be completed by a doctor** (see back of this letter) if your child is in one of the above grades. Physical forms for the other grades are always appreciated. If for insurance reasons you cannot provide a physical at the beginning of the school year please contact me and let me know when your child will be able to have his/her physical. If I do not receive a required physical the Pelham School District doctor will come to OLPH and examine your child. If your child had a physical after 9/9/15 it is valid for the 2016-17 school year.

All children must be up to date with their immunizations. NYS recently changed the requirements for DTP, Polio, Varicella (chicken pox) and Hepatitis B. Please check with your child's doctor to ensure he/she is up to date with the number of doses now required for these vaccines. In addition, all students entering 6th grade must have a TDap vaccine and all students entering 7th grade must now have the meningococcal vaccine. I will need an updated immunization record by the first day of school indicating these vaccines were administered. Please note immunizations are allowed to be given outside the yearly physical and cannot be denied on the basis of insurance. Immunizations **will not** be administered by the school doctor.

Medications cannot be administered in school without a medication order form completed by your child's doctor and a parent signature. This includes Epi-pens, inhalers/nebulizer treatments, eye drops, Benadryl or even just Tylenol/Motrin. All medication must be labeled accordingly and in original box or container from pharmacy. A new medication order is required every school year.

Lastly, I will need a proof of residency form completed for all students who live in the Bronx or Manhattan. If this is your child's first year at OLPH I will need a copy of a utility bill as well. Please attach a Con Ed bill, Telephone Bill or cable bill showing the address where child resides.

Once again these forms are due at the start of the school year. If you have any questions or concerns please feel free to contact me at 914-738-5158.

Sincerely,

Christine Keller, RN

Christine Keller, RN
School Nurse

PELHAM UNION FREE SCHOOL DISTRICT

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 CERTIFICATE / 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 _____

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 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th 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: _____

OPTIONAL INFORMATION, if known

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

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____