



Dear Parents/Guardians,

In order to ensure the safety and care for your child's health throughout the school year, the following documents provided are letters in regards to guidelines and procedures related to Nursing, along with forms that are required to be filled-out for your son/daughter's health information. The paperwork that needs to be completed by you and your child's Healthcare Provider must be submitted to the CLC Nursing Office at the start of their school year. Please ensure that you review and received each of the below:

- Parent Letter for Pediatric Physical Examination Form (total of 4 pages to be completed):
 - ✓ Pediatric Physical Examination Form, front and back, (page 1 & 2) to be filled out by the doctor
 - ✓ Parent and Physician's Authorization for Administration of Medications/Treatments in School and School Activities Form to be filled out and signed by both the parent/guardian and doctor (page 3)
 - ✓ Attach a copy of your child's current immunization record to the physical exam (read attached NYSDOH/NYSED statement on legislation removing Non-medical Exemption from School Vaccination Requirements notice, along with our notification to parents/guardians and NYSDOH parent's flyer explaining the Meningococcal Vaccination requirements for school enrollment).
- Parent Letter of Student specific Allergy Emergency Care Plan (total of 1 page, front & back, to be completed)
 - ✓ CLC Student Specific Allergy Emergency Care Plan Form to be filled out by both parent/guardian and doctor
- Parent Letter of Medical Changes
- Parent Letter of Medication Transport
- Copy of Return To School Clearance/Resume Therapies Form to be filled out by the doctor, if student is absent for the following reasons:
 - Absent for 5 days or more due to illness
 - Sent to the emergency room
 - Admitted to the hospital
 - Post surgery
 - Inpatient labs/testing, examples: EEG, EKG, Sleep study
 - Diagnosed with and/or treated for a communicable disease/contagious virus or bacterial infection, including but not limited to: COVID-19, German Measles, Measles, Chicken Pox, Mumps, Ring Worm, Whooping Cough, Coxsackie Virus, Conjunctivitis, Fifth Disease, Strep Throat

Thank you.

Sincerely,

Charity Washington,
CLC Senior School Nurse Manager



Parent Letter for Pediatric Physical Examination Form

Dear Parent/ Guardian:

Provided is our standard health appraisal form that is sent to you in the annual registration packet in August. **Please have your child's primary care physician fill it out completely, both front and back of this health examination form including the date of the exam, the doctor's signature and his/her stamp with their license and NPI number.** This must be returned to the CLC Nursing Office immediately, along with a **copy of your son/daughter's most current immunization records.** Our fax number is (516) 377-2081.


Please be advised that our health appraisal form has been revised, there are now four (4) pages to be completed by your child's physician, along with a section for hearing, vision and lead results which are mandated to be addressed. The doctor must complete the hearing and vision areas, and attach your child's hearing/vision exam(s) they may have in their records, as well as checking-off the lead results. If the doctor is ordering/reordering medications for your son/daughter on the third page of the physical form, parents must fill out Part A to complete the form. Page three (3) serves as a prescription and gives our nurses permission to administer medications/treatments as your child's doctor ordered. Page four (4) is an allergy information/update form that is required by our school and recommended by the NYSED.

All areas of the physical examination form should be filled out completely and again, signed, dated and stamped by the physician including their license and NPI numbers prior to submitting it to our nursing office.

If you have any questions please contact our nurses at (516) 378-2000, extension 280 or via email Nursing@thechildrenslearningcenter.org.

Your anticipated cooperation is greatly appreciated.

Sincerely,


Charity Washington,
CLC Senior School Nurse Manager



PEDIATRIC PHYSICAL EXAMINATION FORM

TO BE COMPLETED BY PRIMARY CARE PHYSICIAN

DATE OF EXAMINATION: _____

CHILD'S NAME: _____ DOB: _____

ADDRESS: _____

MOTHER'S NAME _____ FATHER'S NAME _____

TELEPHONE#: HOME: _____ WORK: _____ CELL: _____

PHYSICAL EXAMINATION

***Immunizations: Please attach child's current vaccination records to complete this physical examination.** As a reminder, all immunizations must be up-to-date according to the child's age and grade in order for him/her to attend school. If he/she is exempt from being immunized due to medical reasons, please indicate that below so we may have this on our records. Medical exemption paperwork must be renewed annually along with the physical examinations.

- Yes, this child received vaccinations at today's examination; he/she is currently age-appropriately immunized as per NYS Immunization Requirements for School Entrance/Attendance schedule. The following vaccines were administered:

- Yes, this child is exempt from receiving immunizations since (year) _____ due to medical reasons. Explain:

DIAGNOSIS: _____

Hgt: _____ Wgt: _____ VITAL SIGNS: B/P _____ P _____ R _____ T _____ PO2 Sat% _____

Gross Dental: normal _ abnormal _ remarks _____

Lead Level Results: Test Done Lead Elevated >5 mcg/dL

***Vision and Hearing: Please attach child's most current vision exam and hearing test. (circle one) available / not available**

Does the child have any vision problems that may impact his/her educational experience? _____ If yes, please explain:

Indicate if child wears glasses/contacts: _____

Does the child have any hearing problems that may impact his/her educational experience? _____ If yes, please explain:

Indicate if child wears hearing aids: _____

Current Diet (Regular, Ground, Puree): _____ Liquid consistency (Thin, Nectar/Honey Thickened): _____

Feeding (Pediasure, GT, NGT): _____

Start of Menses (if applicable): _____ (circle one) regular / irregular. Difficulties if any, please explain:

CHILD'S NAME: _____ DOB: _____

ALLERGIES (INCLUDE MEDICATION, FOOD, ENVIROMENT):

SEIZURE HISTORY: (DATE OF LAST SEIZURE, TYPE, FREQUENCY, DURATION, WAS DIASTAT EVER ADMINISTERED, OUTCOME)

MEDICATIONS/TREATMENTS AT HOME: (INCLUDE MEDICATION NAME, DOSAGE, FREQUENCY)

MEDICATIONS/TREATMENTS AT SCHOOL: (INCLUDE MEDICATION NAME DOSAGE, FREQUENCY)

- MEDICATION TO BE ADMINISTERED IN SCHOOL MUST BE ACCOMPANIED BY A DOCTORS ORDER, AS WELL AS SIGNED AND STAMPED BY THE PHYSICIAN
- MEDICATION MUST BE SENT IN A CURRENTLY LABELED PHARMACY CONTAINER.
- ALL ORDERS SHOULD NOT BE PRESCRIBED ON THIS HEALTH APPRAISAL FORM. IF CHILD NEEDS MEDICATIONS/TREATMENTS DURING SCHOOL HOURS PLEASE COMPLETE PAGE 3. THIS FORM SERVES AS A PRESCRIPTION AND PARENTS AUTHORIZATION FOR OUR NURSES TO ADMINISTER MEDICATIONS/TREATMENTS AS ORDERED DURING SCHOOL HOURS.

HISTORY: (HOSPITALIZATIONS/SURGERIES/TYPE/DURATION/DATES)

ANNUAL UPDATE:

IN THE PAST YEAR HAS THIS CHILD BEEN HOSPITALIZED? YES / NO

IF YES EXPLAIN: _____

IN THE PAST YEAR HAS THIS CHILD HAD ANY SERIOUS ILLNESS OR INJURY? YES/ NO

IF YES EXPLAIN: _____

REMARKS (ANY ADDITIONAL INFORMATION YOU FEEL MAY BE NECESSARY FOR THE CHILD'S CONTINUED MEDICAL CARE AT SCHOOL): _____

Physician's signature: _____ Telephone #: _____ Date: _____

Physician's License #: _____ Physician's NPI #: _____

*****A physician's signature, stamp and date are required to complete this form.*****

Please send this completed examination to our Nursing Office.

Cw:062611: Pediatric Px Form ___Eng

| |
|------------------|
| Place MD, NP, PA |
| License & NPI # |
| Stamp here |



Parent and Physician's Authorization for Administration of Medications/Treatments in School and School Activities
Padres y la autorización del médico para la Administración de Medicamentos / Tratamientos en la escuela y sus actividades

Dear Parent / Guardian:

The New York State Department of Education is requiring that all children who are receiving medications on a daily basis or as a needed (PRN) in school must have both a physician's order and a parental consent to administer the medication. The medication must be sent in the same container supplied by the pharmacy.

- Please complete **Part A** of the attached form giving us permission to administer medication in school
- Have your child's physician complete **Part B** of the reverse side of this letter and include all medications your child receives in school. Your child's prescription **must** include all of the following details for the CLC Nurses to carry out the physician's orders:
 - ✓ **the name of the medication/treatment,**
 - ✓ **the strength,**
 - ✓ **the dosage,**
 - ✓ **the frequency (as needed)/time to be administered at school and the route of administration (by mouth, via G-tube, etc.)**
- Please return this form to the nursing department ASAP

If you have any questions, please contact our Nursing Office at (516) 378-2000, extension 280, or email the nurses at Nursing@thechildrenslearningcenter.org. Your anticipated cooperation is greatly appreciated.

Sincerely,


Charity Washington
CLC Senior School Nurse Manager


Estimado Padre / Tutor:

El Departamento de Educación del Estado de Nueva York está requiriendo que todos los niños que están recibiendo medicamentos diariamente o como sea necesario (PRN) en la escuela deben tener tanto la orden de un médico y un consentimiento de los padres para administrar el medicamento. El medicamento debe ser enviado en el mismo contenedor suministrado por la farmacia.

- Por favor, complete **la Parte A** del formulario adjunto que nos da el permiso para administrar medicamentos en la escuela
- Tener el médico de su hijo complete **la Parte B** del reverso de esta carta e incluir todos los medicamentos que recibe su hijo en la escuela. **La prescripción de su hijo debe incluir todos los detalles siguientes para las enfermeras CLC para llevar a cabo las órdenes del médico:**
 - ✓ **el nombre de la medicación / tratamiento,**
 - ✓ **la fuerza,**
 - ✓ **la dosis,**
 - ✓ **la frecuencia (según sea necesario) / hora para ser administrado en la escuela y la vía de administración (por vía oral, a través de la sonda de gastrostomía, etc.)**
- Por favor, devuelva este formulario al departamento de enfermería ASAP

Si usted tiene alguna pregunta, por favor, póngase en contacto con nuestra oficina de enfermería al (516) 378-2000, extensión 280, o por correo electrónico Nursing@thechildrenslearningcenter.org. Su cooperación prevista es muy apreciada.

Sinceramente,


Charity Washington,
Jefa de Enfermeras de la Escuela



Parent and Physician's Authorization for Administration of Medications/Treatments in School and School Activities
Padres y la autorización del médico para la Administración de Medicamentos/Tratamientos en la escuela y sus actividades

Part A. (Inglés) To be completed by the parent/guardian:

I request that my child _____ DOB _____, receive the medication as prescribed below by our physician. I understand I must provide the medication in the properly labeled original container from the pharmacy. I am aware that the school nurse, or other designated person in the case of the absence of the nurse (applies only to Epi-Pen certified faculty), will administer the medications/treatments at school including field trips.

Parent/Guardian's Name (Print): _____ Parent/Guardian's Signature: _____

Telephone: (H) _____ (W) _____ (C) _____

Parte A. (Español) Para ser completado por el padre/guardián:

Yo pido que mi hijo/a _____ Fecha de nacimiento _____, Tal como lo indica su médico. Soy consciente de que la enfermera de la escuela, u otra persona designada en el caso de la ausencia de la enfermera (sólo se aplica a Epi -Pen facultad certificada), administrará los medicamentos/tratamientos en la escuela, incluyendo viajes de estudio.

Nombre del Padre/Guardianes (Imprimir): _____ Firma del Padre/Guardián: _____

Part B. To be completed by physician:

I request that my patient as listed below, receive the following medication/treatment(s):

Name of Student: _____ DOB: _____

Diagnosis:

| 1. Medication/Treatment: | 2. Medication/Treatment | 3. Medication/Treatment |
|---------------------------------------|---------------------------------------|---------------------------------------|
| Strength: | Strength: | Strength: |
| Dosage: | Dosage: | Dosage: |
| Frequency/Time to be given at school: | Frequency/Time to be given at school: | Frequency/Time to be given at school: |
| Route of Administration: | Route of Administration: | Route of Administration: |

Physician's please SIGN, STAMP and DATE below to fully complete this authorization form for submission; in order for the school nurse to render the medications/treatments you prescribed above.

Physician's Name (Print): _____ Physician's Signature: _____

Physician's License #: _____ Physician's NPI #: _____

Telephone #: _____ Date: _____

Physician's Stamp:



Parent Letter of Student Specific Allergy Emergency Care Plan

Dear Parent/Guardian,

The health and safety of the students in CLC is our highest priority. The incidence of severe allergic reactions has been rising at an alarming rate, especially with regard to food. Other common causes of anaphylaxis include allergies to latex, medications and insect stings.

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Avoidance of exposure to allergens is the key to preventing a reaction. The risk of exposure to allergens for a student is reduced when the school personnel, medical provider and parent/guardian work together to develop a management plan for the student. Educating the entire school community about life-threatening allergies is important in keeping students with known/unknown allergies safe.

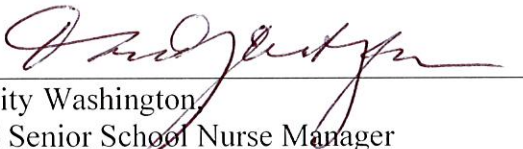
In order to maintain an allergy emergency treatment plan to respond to a possible medical emergency that your child may experience during school hours, provided is the **CLC Student Specific Allergy Emergency Care Plan** form which is required to be completed by parents, your child's primary care physician and reviewed by our CLC Nurses. This form should be filled-out annually, and is suggested to be given to your child's doctor at the time of your son/daughter's annual physical examination. This plan will be in effect for the current school year and summer sessions as needed only, it is necessary to update your child's allergy plan every school year.

Prior to returning this form to CLC Nursing, it must be fully completed indicating ***allergies or NKA and *No action plan required or action plan with orders for meds, then signed, dated and stamped by your child's Healthcare Provider, including his/her license and NPI numbers. Parents are to sign and date in the bottom section on the back of this form labeled, "Parent's Authorization," in order to complete your child's allergy emergency plan of care.** This is important to manage the care of your child effectively.

You can contact the CLC Nursing Department for any concerns at (516) 378-2000, extension 280, or email the nurses at Nursing@thechildrenslearningcenter.org.

Thank you for your cooperation in this matter.

Sincerely,


Charity Washington
CLC Senior School Nurse Manager



CLC STUDENT SPECIFIC ALLERGY EMERGENCY CARE PLAN

Student Name: _____ **D.O.B.:** _____

***Please indicate specific Allergies or NKA for no Allergies**

ALLERGIES: _____

NKA

***Please (✓) one and complete information as required.**

No Action Plan required at present

Action Plan

Medication(s) to be given at school for an allergic reaction/anaphylaxis:

| | | |
|--|----------|--------------------------|
| Benadryl: Yes <input type="checkbox"/> No <input type="checkbox"/> Strength: | | Dosage to be given: |
| Frequency/Time to be taken: | | Route of Administration: |
| Additional Consideration: | | |
| Epinephrine: Yes <input type="checkbox"/> No <input type="checkbox"/> Strength: | | Dosage to be given: |
| Frequency/Time to be taken: | | Route of Administration: |
| Additional Considerations: <input type="checkbox"/> Treatment should be initiated immediately following exposure without waiting for symptoms (per healthcare provider) <input type="checkbox"/> Treatment should be initiated only following the appearance of symptoms (per healthcare provider) | | |
| *Health Care Provider's Name (Print) | | License #: |
| *Health Care Provider's Signature: | | NPI #: |
| Date: | Phone #: | Stamp: |

Parent's Authorization (To be completed by the Parent):

I request that my child named above, receive medication as prescribed by his/her physician above. The medication is to be furnished by me in the properly labeled original container from the pharmacy, which will be stored at the CLC Nursing Office in a double locked cabinet. I understand that the school nurse will administer the medication. Emergency medical services (911) will be contacted if epinephrine is administered, and my child will be transferred to the nearest hospital.

Parent/Guardian's Name (Print): *Parent/Guardian's Signature:

Date:

CLC NURSING DEPARTMENT

Student Name: _____ D.O.B.: _____

Signs of severe reaction/anaphylaxis are **highlighted** below:

Skin: Hives (red blotches or welts tat itch). mild swelling, **severe swelling**

Eyes: Tearing, redness, itch

Nose: Clear discharge, itch, congestion

Mouth: Itch, lip swelling, **tongue swelling**

Throat: **Tightness, trouble speaking, trouble breathing**

Lungs: **Shortness of breath, rapid breathing, cough, wheeze**

Gut: **Repeated vomiting, nausea, abdominal pain, diarrhea**

Heart/Circulation: **Weak pulse, loss of consciousness**

Instructions for administering Epi-Pen are as follows should doctor be unavailable:

1. Grasp unit with orange tip pointing downward
2. Form fist around the unit (orange tip down)
3. With your right hand, pull off the blue safety release
4. Hold orange tip near outer thigh

Allergy Emergency Care Plan reviewed by 1st school nurse: _____ Date: _____

Allergy Emergency Care Plan reviewed by 2nd school nurse: _____ Date: _____



Parent Letter for Medical Changes

Dear Parent/Guardian:

The CLC Nursing Office is requiring notification of any medical changes that may occur throughout the school year to ensure the continuity of nursing care for your child's health and safety in all of their activities.

1. Any changes in medications (dosage, time, etc.) that are expected to be given daily/as needed during the school year must be supplied with a doctor's order matching the pharmacy label on its original, non-expired container, and dropped off by a parent/guardian/residence at the Nursing Office.
2. Any changes in medications given or treatments done at home are required to be shared with the CLC Nurses. An account of this adjustment needs to be written in the child's school communication notebook from parents/guardians to update our nursing records. The primary care physician should document this information on the annual physical.
3. Your knowledge of any past hospitalizations, recent visits to the emergency room, post and/or pending surgeries, inpatient/outpatient testing is required to be shared with our Nursing Office. Written documentation by the doctor (signed, stamped and dated), indicating the child's name, date of occurrences and clearances for all therapies and/or possible restrictions for your child to resume to participating in all of their activities, needs to be sent in via fax or scanned and sent by email prior to your child returning to school. The primary care physician should document this information on the annual physical as well.
4. **In the event that your child experienced a minor injury at home resulting with a scratch, abrasion and/or bruise, it is pertinent that you write a statement in your child's school communication notebook, informing the CLC Nurses of this wound and its incidence. Reporting this in advance will avoid the unnecessary steps of taking your child out of his/her school activities, then making several attempts to contact you by a social worker/nurse to gather more details regarding the injury. As a result of this process, there may be a delay in your son/daughter returning to class which can be avoided by you documenting in your child's notebook all the slight injuries and incidents you are knowledgeable of.**

It is imperative that you adhere to sharing the above information with our CLC Nurses in order to manage the care of your child effectively with his/her participation in class activities, therapies and any possible nursing treatments. You may contact the Nursing Office Monday thru Friday 8:30 a.m. to 3:30 p.m. at (516) 378-2000, extension 280/281 or email Nursing@thechildrenslearningcenter.org.

Thank you for your cooperation in this matter. Our CLC Nurses are looking forward to making sure your child has a healthy and safe coming school year.

Yours truly,

Charity Washington,
CLC Senior School Nurse Manager



Parent Letter for Medication Transport

Dear Parent/Guardian,

In order to maintain regulatory compliance with the New York State Department of Education in accordance with the New York Statewide School Health Services Center, we will no longer be accepting medications that is delivered in your child's school backpacks. **Effective as of Monday, January 4, 2016**, all medications must be delivered to and picked up from the Nursing Office by a parent or guardian.

According to the NYSED guidelines, parents or guardians are responsible to have their child's medication delivered directly to the school in a properly labeled original container by an adult. In limited circumstances, a student who is not able to self-administer their medication may need to carry the medication on the bus in order to transport it to and from school for medical reasons, or due to the family's financial constraints. A written plan to ensure the safety of the student, as well as the safe transport of the medication should be developed in collaboration with the school nurse and the parent or guardian.


All medications must be delivered to the CLC Nursing Office along with a current prescription by the child's doctor obtained by the parent/guardian, if one is not already on record. Contact your child's social worker or the Nursing Office to schedule an appointment to drop-off medications, treatment equipment and/or prescriptions that needs to be cleared by a nurse. Please be advised upon arriving to your appointment, sign-in and wait at the CLC Main Office and a secretary will notify you when it is suitable for you to walk down to the Nursing Office. This to avoid any wait time you may experience at the Nursing Office, as the nurses are busy rendering treatments to students and may not be readily available to attend to your concerns. A CLC Nurse will then accept the medication, log the delivery date and the parent/guardian signs the medication delivery form. Parents/guardians may not drop medications off in the child's classroom or any location other than the Nursing Office. No medications will be accepted by any faculty other than Nursing. If medication is received in any manner other than directly from a parent or guardian, it will be brought to the nursing office and will not be administered. You will be notified and asked to come and pick up the medication.

Prescription and over-the counter medications are stored and administered in a safe manner in accordance with law and applicable state standards at the Nursing Office.

With respect to narcotic medications, The Department of Health's Bureau of Narcotic Enforcement states we cannot accept narcotics that are delivered in school backpacks. All narcotic medications must be delivered to or picked up from the Nursing Office by a parent or guardian. All narcotic medications must have a current prescription and as well as an appropriate pharmacy label. Narcotic medications will be counted and logged in with the Nursing staff. If you choose not to have these medications administered in school you can alert your physician and arrange to have it given at home as indicated by him or her.

We appreciate your cooperation with the new policy. If there are any concerns, please contact the CLC Nurses at extension 280, or email Nursing@thechildrenslearningcenter.org.

Sincerely,


Charity Washington,
CLC Senior School Nurse Manager