

# **SCHOOL HEALTH SERVICES HANDBOOK**

**KINGSTON SCHOOL DISTRICT**

**Kingston, NY 12401**

**Revised Spring, 2009**

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## Overview of School Health Services

The Kingston School District Nursing Department is comprised of School Nurses (Registered Professional Nurses) and School Nurse Teachers (Registered Professional Nurses who are also certified to teach health, safety, and related topics). Our primary goal is to maintain and improve the current and future health of our students and school community. A registered professional nurse may not diagnose illnesses or prescribe medicines or treatments. Seek the advice of your family health care provider for diagnosis and treatment.

School Health Services address three major areas of school health—Student Health Services, School Environmental Health, and Health Education. Student Health Services encompass providing first aid for injuries occurring at school as well as attending to students who become ill at school and students who require attention for chronic illnesses and/or disabilities. Additionally, students are screened at regular intervals mandated by New York State to detect problems related to vision, hearing, color perception, scoliosis, blood pressure, and growth. Nurses administer medications according to the New York State guidelines and school district policy when it is necessary for a student to receive medication during the school day. Many of our elementary schools make the New York State fluoride mouth rinse program available to students whose parents permit their participation.

The nurse's involvement in school environmental health includes observing the physical plant for hazards and reporting them to appropriate administrators in a timely fashion. The school nurse is responsible to obtain and keep on file records of immunizations against vaccine preventable diseases for each student and to update this information as needed. Reporting of vaccine preventable diseases and certain other communicable diseases to the Health Department is another responsibility of the nurse. Pediculosis (head lice) is a communicable condition that requires the attention of the school nurse when it occurs. Though it does not cause any serious illnesses, it is an unpleasant nuisance. Our district has a written policy about how schools handle head lice and it is necessary for parents, students, and nurses to comply with the policy in order to keep absenteeism and other issues related to head lice to a minimum. (See Appendix.)

New York State requires instruction be provided about a variety of health and safety related topics such as HIV-AIDS prevention, abduction prevention, and child sexual abuse prevention to mention a few. Our school nurse teachers deliver this instruction at the elementary level and use the **GREAT BODY SHOP** as the primary health resource. This curriculum is available for parents to view during "Back to School" night in the fall or by appointment. School nurse teachers are able to respond with educational interventions in special situations. For example, lessons about Lyme Disease, Rabies, and other local health concerns have been taught by our school nurse teachers as needed. School nurses and school nurse teachers are often involved in small group education for particular illnesses such as the OPEN AIRWAYS FOR SCHOOLS asthma education program.

The school nurse serves as a liaison between a variety of community agencies and Kingston students and their families in order to enable them to access the services available within the community. Some of these include the Lions Club, The American Cancer Society, The American Heart Association, The American Red Cross, WGHQ Happy Christmas Fund, and many others.

This is a "short list" of our services. Every day different situations present themselves in the Health Offices of our district and our nurses respond with expertise and compassion. It is our pleasure and privilege to serve the students entrusted to our care.

**KINGSTON SCHOOL DISTRICT**

**Health Office Phone Numbers**

<b><u>School</u></b>	<b><u>Phone</u></b>
Head School Nurse Teacher	943-3114
Chambers	943-3393
Crosby	943-3332
Anna Devine	943-3307
Edson	943-3364
Sophie Finn	943-3210
Graves	943-3424
Kennedy	943-3110
Meagher	943-3453
Myer	943-3486
George Washington	943-3515
Zena	943-3544
J. Watson Bailey	943-3585
M. Clifford Miller	943-3656
Kingston High School	943-3738
John Coleman High School	338-2750
Kingston Catholic School	331-9318
Good Shepherd School	339-4488
St. Joseph's School	339-4390

## **IMMUNIZATIONS**

New York State law requires that students be vaccinated against many vaccine-preventable illnesses prior to attending school. The required vaccinations depend upon the age and grade of the child. The state allows only two exemptions to these requirements—medical exemption and religious exemption. Either of these exemptions must be appropriately verified and supported. Contact your School Nurse if you need further information.

From time to time, new vaccines are developed and new vaccine requirements are added to the list of those needed for attendance in school. The lists below reflect the requirements as of May, 2007 for students entering pre-kindergarten and kindergarten. Requirements for students entering grades 1 – 12 are slightly different, depending upon the age/grade. Contact your School Nurse for assistance in determining if your child's immunization requirements are different than the ones listed below.

### **PREKINDERGARTEN**

<b><u>Vaccine</u></b>	<b><u>Number of Doses</u></b>
Diphtheria/Tetanus/Pertussis (DPT/DT/DtaP)	3
Polio (OPV or IPV)	3
HIB	3
If given prior to 15 months of age	3
If given at or after 15 months of age	1
Hepatitis B (Hep B/HBV)	3
Measles/Mumps/Rubella (MMR)	1
Varicella (chickenpox/Varivax)	1

### **KINDERGARTEN**

<b><u>Vaccine</u></b>	<b><u>Number of Doses</u></b>
Diphtheria/Tetanus/Pertussis (DPT/DT/DtaP)	3
Polio (OPV or IPV)	3
Hepatitis B (Hep B/HBV)	3
Measles/Mumps/Rubella (MMR)	2
Varicella (chickenpox/Varivax)	1

### **GRADE 6**

<b><u>Vaccine</u></b>	<b><u>Number of Doses</u></b>
Tetanus, Diphtheria, and Pertussis Booster (Tdap) (for students who have turned 11 years old)	1

## When Your Child is Ill...School or Home?

If your child feels sick, sometimes it's hard to tell whether or not you should send him/her to school. It is recommended that if your child has a fever (temperature greater than 100 without medication) or an episode of vomiting and/or diarrhea, the child should not attend school. The child may return to school when s/he has been free of fever and all other symptoms for at least 24 hours. These symptoms are signs of disease processes that take time to resolve. Call your doctor if symptoms last more than a day or two. Serious communicable illnesses usually have several symptoms. Besides a stomachache, a child might have diarrhea, a rash, or a red, raw throat. Some symptoms that might be of concern are listed below.

- **Runny Nose and Cough:** If the discharge from the nose is watery and clear and there is no fever, the child probably can go to school. Just be sure to explain to him that he must cover his nose and mouth with a tissue, turn his head away from other people when he coughs and sneezes, and wash his hands. If the cough is persistent enough to be distracting to others, he should stay at home.
- **Strep. Throat:** Strep. throat is a reason to stay home from school. Strep. is caused by a communicable bacteria and can develop into serious health problems if not treated with an antibiotic. With strep. there is often a fever, swollen neck glands, white patches on the tonsils, sore throat, and sometimes a stomachache. Sometimes there is a sunburn-like rash. The roof of the mouth might have red spots. Strep. can only be diagnosed by a health care practitioner and confirmed by a throat culture. The student can return to school after s/he has been on antibiotics for 24-48 hours, is free of fever, and feels well.
- **Chicken Pox:** This is one of the most communicable infections of childhood. It starts with a slight fever followed by the appearance of spots (lesions) on various parts of the body. The spots become blisters and a few days later, the blisters become scabs. Over the course of the illness, the lesions will be present in all stages (red spots, blisters, scabs) at the same time. The child can return to school once all the spots are scabbed and dry.
- **Pinkeye (Conjunctivitis):** If the eyelid (usually one side) is watery, itchy, bloodshot, and/or stuck together, it might be pinkeye. This is highly contagious and the child may not return to school until s/he has been seen by a health care practitioner and treated as necessary.
- **Rash:** This might be a sign of communicable illness, allergy, or other health concerns and should be evaluated by the child's health care practitioner before the child attends school.

We want to ensure the health and well-being of your child and all other students. When they are sick, children belong at home. Healthy children belong in class. When it comes to success in school, being there is half the battle.

## **Illnesses and Conditions of Special Concern**

### **Reye's Syndrome**

Reye's Syndrome is a very serious disease you should know about. It is associated with a viral infection—even a mild viral infection. It appears after a child has been sick a few days. If the child has a lot of vomiting, drowsiness, confusion, loss of pep and energy, and personality changes, Reye's Syndrome should be suspected. Reye's Syndrome is also associated with giving aspirin to children with a virus. Do not give either aspirin or aspirin-containing products (medications with acetylsalicylic acid, salicylic acid, salicylate, or acetylsalicylate in them) to children with any kind of viral infection. If you are not sure about the medicine and what it contains, ask the pharmacist. The best thing you can do is to get your child to the doctor as soon as possible if there are signs of Reye's.

### **Lyme Disease**

Lyme Disease is an illness that is caused by bacteria and carried by a deer tick. Since our area has a great number of deer, it is important to be on the look out for deer ticks. Ticks are about the size of sesame seeds, black with many legs. There are some very simple ways to protect yourself and your children:

- 1) Wear long sleeved shirts and long pants when walking in the woods or playing in the grass.
- 2) Tuck pants into socks to prevent ticks from getting on the body.
- 3) Tuck in shirts.
- 4) Walk in the center of paths rather than in the grass.

If a tick is found on a person, it can be removed by pulling it out of the skin with tweezers. Save the tick. Wash the area thoroughly. Call your health care practitioner for further advice. Parents will be called if ticks are found imbedded on the child at school. School nurses cannot remove ticks.

### **Fifth Disease**

Fifth Disease is a communicable viral illness that often occurs in elementary-age school children. Symptoms can vary and some people have no symptoms at all. Typically, a child will have a slight fever, feel mildly ill, and develop bright red cheeks that often look like the face has been slapped. A lacy rash on the arms, legs, and trunk might also appear. The rash may fade and then reappear with exposure to sunlight, heat, exercise, or stress. Fifth disease can be transmitted to others during the week before symptoms appear. By the time the rash appears, the person is probably past the communicable period. Children with Fifth disease may attend school if feeling well. Fifth disease has been implicated in complications of pregnancy and for that reason it is a concern. We ask that you notify your school nurse if your child is diagnosed with this illness so that pregnant staff members and school visitors can take the necessary precautions.

### **Critical Incident Stress Management**

Our district is fortunate to have our own Critical Incident Stress Management Team that responds after a crisis in order to provide support for students and staff impacted by traumatic events. The team's goal is to help alleviate stress and teach methods to help normalize students and staff while determining who might need to be referred for more intense support. Team members are trained in the most recent techniques to help people in stressful situations gain knowledge and feel more able to cope. This team includes members from the Nursing Department and is dispatched to schools at the principal's discretion.

## **QUESTIONS AND ANSWERS ABOUT HEAD LICE**

### **The No Nit Policy of the Kingston School District**

Due to the increased incidence of head lice in school children over the last few years, the procedure for handling this problem in our schools was modified in November, 1998. At that time, the Kingston School District implemented a “no nit” policy. What this means is that children attending school must be free of nits (eggs) and lice. If your child is sent home from school due to either head lice or nits, s/he will not be allowed to return to school until all nits and lice are removed. The child with lice must be treated with a lice-killing product and the hair combed to remove all visible nits from the hair.

Upon returning to school, the child **MUST** be accompanied by an adult. After the School Nurse checks the child’s head and s/he is found to be nit/lice free, the child will return to class. However, if nits are found, the child cannot remain in school and will need to return home for further combing.

We all realize how tedious this process can be, but it is important for the prevention of the spread of lice within the school. We appreciate your help. Additional information about the control of lice is on the next page. If you need further assistance with managing a lice or nit problem, please call your child’s School Nurse or the Ulster County Health Department at 340-3090.

### **What Should We Know About Head Lice?**

Head lice (Pediculosis Capitis) can be transmitted from one person to another wherever people are gathered together. It is important to know how the head lice spread, the signs of their presence, and methods of treatment.

### **What are Head Lice?**

They are the kind of lice that make their home in the hair of the head. They develop in little oval eggs (nits) that are attached to the base of hairs. The adult female louse lays eggs and glues them to the hair with a sticky material applied near the scalp. The eggs hatch in about 10 days and become adults in about two weeks. The life cycle of the head louse is about one month and new generations multiply rapidly.

### **What Do Head Lice Look Like?**

Head lice are insects, flattened in shape from top to bottom. They have no wings and do not jump or fly. They have short, stout legs equipped for holding onto the hair.

### **How Do You Get Head Lice?**

Head Lice are transmitted in the following ways:

1. by direct contact with an infected person’s hair;
2. by use of personal items—combs, brushes, towels, pillows, etc.;
3. by contact with clothing—hats, ribbons, scarves, sweaters, coats, etc.

### **How Do You Know If You Have Head Lice?**

It is hard to see head lice but they should be suspected if there is:

1. persistent itching—sometimes with scratches or rash on the scalp;
2. the presence of nits—small, silvery egg cases attached to the hair, difficult to remove;
3. swollen glands in the neck or under the arms.

### **How Do You Get Rid of Head Lice?**

Consult the pharmacist or physician for advice about lice-killing products. Over-the-counter preparations are available and are effective. The following steps are useful:

1. Apply the product according to package directions and repeat the application according to package directions.
2. Comb the hair well daily with a special, clean, fine-tooth comb designed for nit removal to completely remove all nits. Any remaining nits must be removed by hand.
3. Clean or discard all articles that might still have lice or nits. Clothing, towels, and bed linens should be washed daily in hot soapy water and dried on the hot setting. Dry cleaning or hot ironing can also be helpful. Don't forget soft toys and stuffed animals.
4. Clean combs, brushes and similar items in the hottest water possible after each use.

### **How Can Parents Assist in Protecting School Children from Contacting Head Lice?**

1. Routinely inspect the hair and scalp of your children at least once a week.
2. Be alert for the symptoms.
3. If you detect or suspect your child has head lice, call the school nurse to alert her to the problem.
4. Infested children may not attend school until the treatment has been completed and all nits removed. (This usually takes a day or two.)
5. Prior to entering the classroom after an infestation, the school nurse will examine the child's hair to determine the presence of lice or nits. A parent/guardian must accompany the child to the nurse's office for this examination so that the child can be returned home if s/he is not free of lice and/or nits. Children who are not free of lice and/or nits will not be permitted to enter the classroom.

### **IT CAN HAPPEN TO ANYONE, ANYWHERE!**

Head lice can happen to anyone. It is a nuisance, not a disease and it is not a sign of dirt. It can be prevented, but when prevention fails, it must be treated quickly and completely. As with any health concern, all efforts to maintain confidentiality will be employed.

## **HEALTH SCREENING PROCEDURES**

The New York State Education Department requires that certain aspects of the health of all students be monitored. To that end, school nurses employ a variety of screening tests to detect abnormalities in the normal growth and development of children. Some of these tests are done annually, some less frequently or at specific ages.

### **Physical Examination**

Physical examinations are required for students upon entrance into school at any grade level and for students entering pre-kindergarten or kindergarten, second, fourth, seventh, and tenth grades. Our school physician performs physical examinations for students who have not presented proof of physical examination by their own health care practitioner. With few exceptions, parents can choose to have the examination done by the child's own health care practitioner instead of by the school physician or physician's assistant as long as written documentation is provided to the school nurse by October 1. Such examinations must be administered not more than twelve months prior to the commencement of the school year in which the examination is required. Forms for this purpose can be obtained from the school nurse and are also available in the "Appendix of this handbook.

### **Vision**

Vision acuity at far point will be tested for all students in grades K, 1, 2, 3, 5, 7, and 10 and at any other time deemed necessary. Kindergarten students and all students entering Kingston City School District for the first time are tested for far and near point visual acuity. Additional testing including muscle balance, "lazy eye," and color perception are done one time.

### **Hearing**

Hearing screening tests are performed on all students in grades K, 1, 3, 5, 7, and 10 and at any other time deemed necessary.

### **Growth**

Height and weight will be measured annually on all students. Body Mass Index (BMI) will also be calculated. Information that does not identify individual students about BMI and weight status category will be reported to The New York State Department of Health as required. Parents/guardians may choose not to have their child's information included in this report by submitting a written request to the child's school nurse.

### **Spinal Screening**

Spinal screening to detect scoliosis and related spinal disorders is performed on all students in grades 5 – 9. This can be performed at the time of the physical examination. If it is not performed at that time, the school nurse will observe the spine for abnormal signs. Shirts must be removed for this examination in order for the bare back to be observed.

### **The Follow-Up and Referral Process**

If abnormalities are detected during the screening process, the nurse will follow up by retesting within a few days/weeks. If abnormalities remain, a written referral recommending further evaluation by the child's health care practitioner will be sent to the parent. When screening indicates that the student is within normal limits, parents are not notified. Parents who have a concern about their child's growth and development or other aspect of health may contact the school nurse to request that the child be tested. The school nurse will make every effort to accommodate such requests as time permits.

## **ADMINISTRATION OF MEDICATIONS IN SCHOOL**

Children are permitted to take medication during school hours *only* when certain state requirements have been met. Contact the school nurse if you have questions, need a medication form (See Appendix), or if you need any assistance with medications. **In order for medication to be given in school:**

1. There must be a *written order from the physician* indicating the name of the drug, the dosage, and the time it must be given;
2. There must be a *written note from the parent/guardian* granting permission for the school nurse to give the child the medication as prescribed;
3. The *parent/guardian* is responsible for bringing the medication to school in the *original, pharmacy labeled container*.

The above requirements apply to *ALL*--medications, even over-the-counter medications such as Tylenol, eye drops, creams and ointments. These requirements apply even if the medication order is temporary (for example: a medicine that will be needed only for a few days). **Under certain circumstances, students may be allowed to self-carry and self-administer their medications.** Discuss this with the school nurse and your child's physician. A form for the administration of medications in school is available from the school nurse and at the Kingston School District website. It is preferable (but not mandatory) that you use this form.

## **SYSTEMIC ALLERGIC REACTION**

Parents of children *identified* as having a history of systemic allergic reactions to food, insect sting, or other allergens must provide the school nurse with a plan of action from the child's physician. If the plan includes medication, proceed in accordance with the instructions for medication administration in school.

Due to the implications of severe allergic reaction (anaphylaxis), our district school nurses are now authorized by our school physician to administer treatment to students who develop symptoms of anaphylaxis following exposure or suspected exposure to an allergen. This treatment includes the administration of injectable epinephrine if the student's symptoms warrant it.

In the event that a student needs this treatment, every attempt will be made to contact the parent. However, the treatment will not be delayed or withheld if the parent cannot be reached. Following treatment, the student will be transported by ambulance to a local hospital for further evaluation and treatment.

*This policy applies to students who have not been identified as having a history of allergic reactions and have no physician orders for treatment in the medical office.* **In the event that you do not want your child to receive the treatment described above, please write a note to your child's school nurse indicating your wishes.**

## The Provision of Nursing Services during Field Trips

### Students requiring medications

Most students are or can be taught to be “self-directed” in administering their own medications. To the extent appropriate, the school nurse will assist students to attain the goal of becoming self-directed in the administration of their own medication. For field trips or after school activities, teachers or other staff may carry the self-directed student’s medication so that the student can take his/her own medication at the appropriate time.

For students who are not self-directed:

- The parent or guardian may attend the activity and administer the medication;
- The parent can personally request another adult who is not employed by the school district to voluntarily administer the medication during the field trip and inform the district in writing of such request;
- The student’s health care provider may be consulted and may order the medication time to be adjusted or the dose eliminated.

A child may not be prevented from participating in an educational activity, such as a field trip, solely on the basis of a special health need. If, after conferring with the parent or guardian, arrangements cannot be made by them to administer the medication, and if after consultation with the health care provider it is determined that the medication time cannot be adjusted or the dose eliminated for the activity, then the event must be modified to accommodate the administration of medication by the school nurse on campus or the event must be cancelled.

### Minimum criteria for considering a student to be self-directed

Determination as to whether a student is considered self-directed is based on the student’s mental and/or emotional development rather than the age or grade. Factors such as mental or emotional disabilities are some additional considerations when determining a child’s ability to be self-directed. Usually a student may be considered to be self-directed if s/he is consistently able to do all of the following:

- identify the correct medication (examples: color, shape);
- identify the purpose of the medication (example: to improve attention);
- determine that the correct dose is being administered (example: one pill);
- identify the time the medication is needed during the day (example: lunchtime, before or after lunch);
- describe what will happen if the medication is not taken (example: unable to complete school work);
- refuse to take medication if student has any concerns about its appropriateness (example: student indicates the medication does not appear to be the usual color, shape size, etc.)

### **EXCLUSION FROM PHYSICAL EDUCATION**

In the event that a student is unable to participate in physical education due to illness, injury, or other incapacity, a note from the child's physician is required. A student who is unable to participate in physical education class may not participate in sports activities or active play during recess. The school nurse may excuse a student from physical education at her own discretion for no more than one day if in the opinion of the nurse the student is temporarily unable to participate. A parent/guardian may also request in writing that the child be excused from participating in physical education activities for up to one day. Conditions that require an exclusion from physical activities for longer than one day require a written note from the physician or health care provider.

### **USE OF CRUTCHES, WHEEL CHAIRS AND OTHER APPLIANCES**

A written doctor's order must be on file in the Health Office for students needing to use crutches, wheel chairs, or other appliances in school. The written statement from the physician should include that the student has been properly instructed in the use of the equipment. It is important to contact the school nurse before your child returns to class with medical equipment.

### **ATHLETIC PHYSICAL EXAMINATIONS Grades 7-12**

Students wishing to participate in competitive sports are required to have a physical examination in advance of the sport. The examination may be done by the school physician or the student's physician. The school physician performs athletic physical examinations at Kingston High School between July 1 and August 15. Examinations performed by the student's physician must be recorded on the following forms: "Kingston School District Health Appraisal" and "Health History for Athletic Competition." Physical examinations done by the student's physician must be completed and the required paperwork must be returned to the student's school medical office at least two weeks prior to the beginning of the sport for review by the school physician. Incomplete forms or missing paperwork will delay the student from participating in the sport and will be returned to the student. The forms for "sports physicals" are available from the School Health Offices at Kingston High School, M. Clifford Miller Middle School, and J. Watson Bailey Middle School and in the "Appendix" of this handbook.

### **WORKING PAPERS**

Students may obtain working paper *applications* in the Health Office in the Main Building of Kingston High School and the Health Offices of J. Watson Bailey and M. Clifford Miller Middle Schools. Part I of the application must be completed by the student and signed by his/her parent or guardian. The student must then report to his/her physician or the school doctor for a physical examination. Working papers need to be issued for all students under the age of 18. Students do not need to have a job in order to get their working papers. ***Working papers are only issued at Kingston High School and the student needs to be present to sign the document in front of the issuing officer.*** Please call the K.H.S. medical office if you have questions or concerns.

### **HOMEBOUND INSTRUCTION**

Homebound instruction is a service provided to students who are unable to attend school because of a temporary medical or emotional impairment. If this situation arises, parents should immediately contact the school nurse to obtain the necessary forms and initiate the process for this service to take place. Students are required to attend all classes until home teaching is approved unless they are hospitalized. The approval process can take 2 – 3 weeks after the paperwork has been completed.

## **APPENDIX**

### **HEALTH LETTERS AND FORMS**

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# HEALTH APPRAISAL FORM – KINGSTON CITY SCHOOLS

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

## IMMUNIZATIONS / HEALTH HISTORY

Signed / stamped immunization record attached  
 Please attach a COMPLETE immunization record  
 Please DO NOT indicate "on file at school" or Presume "up to date"

Sickle Cell Screen:  Positive  Negative  Not Done Date: \_\_\_\_\_  
 PPD:  Positive  Negative  Not Done Date: \_\_\_\_\_  
 Blood Lead Level:  Done Result \_\_\_\_\_  Not Done Date: \_\_\_\_\_  
 Dental Referral  Yes  No  Not Done Date: \_\_\_\_\_

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

**Specify current diseases:** Diabetes:  Type1  Type 2  Hypertension  
 Other: \_\_\_\_\_

**Asthma:**  Yes\*  No  No inhaler required at school  Asthma Action Plan attached

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

\*MEDICATION FORM REQUIRED

## PHYSICAL EXAMINATION

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

Body Mass Index: \_\_\_\_\_

Weight Status Category (BMI Percentile):  
 less than 5<sup>th</sup>  5<sup>th</sup> through 49<sup>th</sup>  50<sup>th</sup> through 84<sup>th</sup>  
 85<sup>th</sup> through 94<sup>th</sup>  95<sup>th</sup> through 98<sup>th</sup>  99<sup>th</sup> and higher

			Referral
Vision – without glasses / contact lenses	R	L	
Vision – with glasses / contact lenses	R	L	
Vision – near point	R	L	
Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

**Tanner:** I. II. III. IV. V. **Scoliosis:**  Negative  Positive

**Urine: Glucose & Protein are REQUIRED FOR COMPETITIVE ATHLETIC ACTIVITIES—Record on "Health Screening for Athletic Competition."**

Specify any abnormality (use reverse of form if needed): \_\_\_\_\_

EXAM ENTIRELY NORMAL

## CONTACT SPORTS / PHYSICAL EDUCATION / WORK QUALIFICATION

Free from contagions & physically qualified for all sports, physical education, work, school activities & competitive sports

Specific medical accommodations needed for school:  Yes  No  Specify: \_\_\_\_\_

Known or suspected disability  Yes  No  Specify: \_\_\_\_\_

Restrictions:  Yes  No  Specify: \_\_\_\_\_

Protective equipment required:  Yes  No  Specify: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider's Name / Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Provider's Stamp Below  
 Revised 01/09

**KINGSTON SCHOOL DISTRICT  
SCHOOL HEALTH SERVICE**

Dear Parent / Guardian:

The New York State Education Department requires a physical exam for new entrants, students in pre-K or K, 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> grade; for working papers and triennially for the Committee on Special Education. For participation in sports a physical exam is required annually.\*

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

If this form is not returned by **OCTOBER 1<sup>st</sup>**, the school physician will examine your child. **If your child's doctor schedules an appointment at another time, a note from the physician's office must be presented to the school nurse by October 1<sup>st</sup> stating the date and time of the appointment.**

**\*For Athletic Physical Examinations, Please Note:**

- 1) The school physician performs athletic physical examinations at Kingston High School between July 1 and August 15. Appointments can be made by calling 943-3742 after June 1.
- 2) The family physician may perform the athletic physical examination if preferred. If the family physician performs the physical exam:
  - a. Forms must be completed in their entirety and returned no later than two weeks prior to the start of the sport.
  - b. Any injuries or abnormalities must be explained by the examining physician in writing in the space provided below.
  - c. It is the Kingston City School District policy that all exams for athletic competition be cleared by the school physician.

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**Family Provider's Notes**

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**Family Provider's Signature** \_\_\_\_\_

**KINGSTON SCHOOL DISTRICT**

**PARENT AND PRESCRIBER'S AUTHORIZATION FOR  
ADMINISTRATION OF MEDICATION IN SCHOOL**

**Part A. Authorization for Administration of Medication**

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 in the original, pharmacy labeled container. I understand that the school nurse will administer the medication. I also understand that my child may self-administer the designated medication as authorized by the physician's prescription.

\_\_\_\_\_  
(Signature of Parent/Guardian) (Print name of Parent/Guardian)

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Date: \_\_\_\_\_

**Part B. To be completed by the licensed health care provider:**

I request that my patient, as listed below, receives 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 \_\_\_\_\_

\_\_\_\_\_

**SELF-ADMINISTER:** Yes \_\_\_ No \_\_\_

**SELF-CARRY:** Yes \_\_\_ No \_\_\_

The student named above has been instructed in the proper use of the prescribed medication procedures. Please allow this student to carry the medication on his/her person or to keep same in his/her locker or P.E. locker, as we consider him/her to be responsible.

Name and Title of Licensed Prescriber (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**KINGSTON CITY CONSOLIDATED SCHOOL DISTRICT**

**Cloni Administrative Building  
61 Crown Street  
Kingston, NY 12401-3879  
(845) 339-3000 \* Fax (845) 338-4597**

Gerard M. Gretzinger  
Superintendent

Sandra Miller  
Assistant Superintendent Student Services

Walter Woodley, MD  
Medical Director

Re: Athletic Physical Examinations

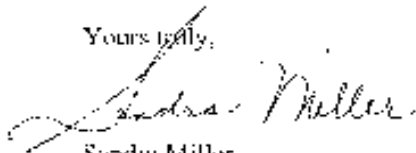
Dear Parent/Guardian,

Students wishing to participate in competitive sports are required to have a physical examination in advance of the sport. This examination must be done within one year prior to the beginning of participation in the sport. Physical examinations done during the summer fulfill the requirement for all sports during the next school year. Athletic examinations may be done by the school physician or the student's physician. The school physician performs athletic physical examinations at Kingston High School between July 1 and August 15. Call the K.H.S. medical office after June 1 for exact times and days at 943-3742.

Examinations performed by the student's physician must be recorded on the following forms: *Kingston School District Health Appraisal and Health History for Athletic Competition*. These forms are double-sided and are available from the School Health Offices at Kingston High School, M. Clifford Miller Middle School, and J. Watson Barclay Middle School. Physical examinations done by the student's physician must be completed at least two weeks prior to the beginning of the sport. The required paperwork (the two above mentioned forms) must be filled out **in their entirety (both sides)** and returned to the student's school medical office at least two weeks prior to the beginning of the sport for review by the school physician. **Incomplete forms or missing paperwork will delay the student from participating in the sport and will be returned to the student.**

Thank you for your cooperation. If you have questions or need assistance, please contact your child's school nurse.

Yours truly,



Sandra Miller,  
Assistant Superintendent for Student Services

**KINGSTON CITY CONSOLIDATED SCHOOL DISTRICT**  
**Cioni Administrative Building**  
**61 Crown Street**  
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Superintendent

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Medical Director

Re: Athletic Physical Examinations

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Yours truly,



Sandra Miller,  
Assistant Superintendent for Student Services

# HEALTH SCREENING FORM FOR ATHLETIC COMPETITION

Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_ Sport \_\_\_\_\_

Do you want to talk to a doctor about a health problem, injury, or an emotional problem?    No    Yes  
   

### FAMILY HISTORY (Parents / Grandparents / Siblings)

Has anyone in your close family ever had:  
Please indicate their relationship to the student!

	No	Yes	Relationship
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Migraine headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____

Has any one in your family under age 50 died suddenly?    No    Yes  
   

If so, who and from what? \_\_\_\_\_

### STUDENT HISTORY

Have you had, or do you now have any of the following:  
If yes, provide date and explain.

	No	Yes / Explain
Head injury / Concussion	<input type="checkbox"/>	<input type="checkbox"/> _____
Skull Fracture	<input type="checkbox"/>	<input type="checkbox"/> _____
Convulsions / Seizures	<input type="checkbox"/>	<input type="checkbox"/> _____
Headaches	<input type="checkbox"/>	<input type="checkbox"/> _____
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/> _____
Neck Injury	<input type="checkbox"/>	<input type="checkbox"/> _____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/> _____
Heart Problem / Murmur	<input type="checkbox"/>	<input type="checkbox"/> _____
Chest Pain with Exercise	<input type="checkbox"/>	<input type="checkbox"/> _____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/> _____
Persistent Cough	<input type="checkbox"/>	<input type="checkbox"/> _____
Asthma	<input type="checkbox"/>	<input type="checkbox"/> _____
Allergies / Hay Fever	<input type="checkbox"/>	<input type="checkbox"/> _____
Medication Allergy	<input type="checkbox"/>	<input type="checkbox"/> _____
Bee Sting Allergy	<input type="checkbox"/>	<input type="checkbox"/> _____
Hives / Rash	<input type="checkbox"/>	<input type="checkbox"/> _____
Skin Infection	<input type="checkbox"/>	<input type="checkbox"/> _____
Anemia	<input type="checkbox"/>	<input type="checkbox"/> _____
Bleed or Bruise Easily	<input type="checkbox"/>	<input type="checkbox"/> _____
Frequent / Severe Nose Bleeds	<input type="checkbox"/>	<input type="checkbox"/> _____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/> _____
Bladder / Kidney Problem	<input type="checkbox"/>	<input type="checkbox"/> _____
Spleen Injury	<input type="checkbox"/>	<input type="checkbox"/> _____
Stomach Ulcer	<input type="checkbox"/>	<input type="checkbox"/> _____
Weight Problem	<input type="checkbox"/>	<input type="checkbox"/> _____
Hernia	<input type="checkbox"/>	<input type="checkbox"/> _____
Boys: Loss of function or absence of testicles	<input type="checkbox"/>	<input type="checkbox"/> _____
Girls: Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/> _____
Age at onset of menstruation		_____
Date of last Menstrual Period		_____

### STUDENT HISTORY CONTINUED

Have you had, or do you now have any of the following:

	No	Yes / Explain
Eye Problem / Vision Loss	<input type="checkbox"/>	<input type="checkbox"/> _____
Do you wear Glasses / Contacts	<input type="checkbox"/>	<input type="checkbox"/> _____
Ear Problem / Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/> _____
Perforated Eardrum	<input type="checkbox"/>	<input type="checkbox"/> _____
Recurrent Ear Infections	<input type="checkbox"/>	<input type="checkbox"/> _____
Broken Nose	<input type="checkbox"/>	<input type="checkbox"/> _____
Sinus Infection	<input type="checkbox"/>	<input type="checkbox"/> _____
Dental Plate	<input type="checkbox"/>	<input type="checkbox"/> _____
Orthodontia	<input type="checkbox"/>	<input type="checkbox"/> _____
Arthritis	<input type="checkbox"/>	<input type="checkbox"/> _____
Joint Pain / Ligament Tear / Muscle Pull	<input type="checkbox"/>	<input type="checkbox"/> _____
Fracture / Dislocation / Bones / Joints	<input type="checkbox"/>	<input type="checkbox"/> _____
Back Pain / Injury	<input type="checkbox"/>	<input type="checkbox"/> _____
Neck Injury	<input type="checkbox"/>	<input type="checkbox"/> _____
Knee Pain / Injury	<input type="checkbox"/>	<input type="checkbox"/> _____
Ankle Pain / Injury	<input type="checkbox"/>	<input type="checkbox"/> _____
Foot Pain / Injury	<input type="checkbox"/>	<input type="checkbox"/> _____
Bone Infection	<input type="checkbox"/>	<input type="checkbox"/> _____
Do you smoke	<input type="checkbox"/>	<input type="checkbox"/> _____
How much		_____
How long		_____
Take medication on a regular basis	<input type="checkbox"/>	<input type="checkbox"/> _____
Name of medication		_____
_____		_____
Take any medication for emergency use	<input type="checkbox"/>	<input type="checkbox"/> _____
Name of medication		_____
_____		_____
Have you ever been told to give up sports because of a health problem?	<input type="checkbox"/>	<input type="checkbox"/> _____
If Yes, for what reason?		_____
_____		_____
_____		_____

**PRIMARY CARE PROVIDER:  
PLEASE EXPLAIN "YES" ANSWERS IN WRITING IN THE SPACE PROVIDED ON THE REVERSE SIDE.**

**IT IS A KINGSTON CITY SCHOOL DISTRICT REQUIREMENT THAT ALL ATHLETIC PHYSICALS BE CLEARED BY THE SCHOOL PHYSICIAN**

I give my consent for the release of medical information to the coach.

Parent / Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

**Note to Primary Care Provider:** A student cannot be cleared for participation in sports until all abnormalities/injuries noted on either side of this form have been addressed in writing by the physician. Please provide explanation and/or clearance below.

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<p><b>DATE:</b> _____</p> <p><b>PULSE:</b> _____</p> <p><b>B/P:</b> _____</p> <p><b>URINE: GLUC:</b> _____ <b>ALB:</b> _____</p>	<p><b>ALLERGIES:</b> NO___ *YES___, to: _____</p> <hr/> <p><b>ASTHMA:</b> NO___ *Yes ___ *Inhaler needed___ Please explain if student has asthma but does not <b>REQUIRE</b> a rescue inhaler. _____</p> <p><b>*MEDICATION:</b> NO___ Yes___ If "Yes," please write order(s) on enclosed medication form.</p>
--	---

\_\_\_\_\_  
(Signature of Health Care Provider)

\_\_\_\_\_  
(Stamp or Printed name of Health Care Provider)

***DO NOT WRITE BELOW THIS LINE—FOR SCHOOL USE ONLY***

**MEDICAL CERTIFICATION FOR ATHLETIC PARTICIPATION  
KINGSTON CITY SCHOOLS**

This certifies that: \_\_\_\_\_  
is physically qualified to participate in the following sport during the specified school year.

DATE	SPORT	SCHOOL DOCTOR'S SIGNATURE

**INTERVAL**

DATE	SPORT	SCHOOL NURSE'S SIGNATURE