

## Schuylerville High School

Health Office, 14 Spring Street Schuylerville NY 12871 (518) 695-3255 ext. 2244

Pam Driscoll School Nurse

August 2021

Greetings from the health office!

The past few months have certainly presented us with experiences unlike any others that we have had in the past and we are all finding ourselves facing new challenges. As we are approaching the new school year, I am asking that you take a few moments of your time to complete the enclosed form(s). All students in grades 9-12 must complete the "Student Health Information" form, which allows the health office staff to update health information on your child. Since the health status of students has a direct affect on learning and academic success, it is important for the school, specifically the health office, to be aware of any pertinent changes in regards to your child's health. The health information form serves this purpose as well as informing us of any families that may be in need of health insurance coverage. Please be aware that any medication, including non-prescription medication, which is to be taken at school, must be accompanied by a written order from the child's physician and a note from a parent/guardian that allows the child to take the medication while at school. According to NYS regulations, Epi-pens and inhalers are the only medications that may be carried by the student; however, their physician must state in writing to the health office that they are capable of doing so. Please complete the form (located on the back of this letter) and return to the health office no later than September 10<sup>th</sup>.

**REMINDER**: All incoming 9<sup>th</sup> and 11<sup>th</sup> graders are required by the state to have a physical. If you have scheduled an appointment with your provider, please let me know the date of appointment. If not the school doctor will provide a physical free of charge if you are unable to get a physical prior to January 1, 2022.

As we enter into the new school year, our thoughts begin to turn to the upcoming holiday season. The Caring & Sharing program works closely with the school district to provide assistance to students in need, especially for the holidays. If you feel that your family has been experiencing recent financial difficulties and you would like some assistance in providing gifts for your children at the holidays this year, the Caring and Sharing program may be able to help! If you would like to be considered for assistance from the Caring & Sharing program, please complete both sides of the enclosed form and return to the high school health office by October 6th.

\*Please do not complete this form <u>unless</u> your family is having financial difficulty. All applications will be cross referenced through a regional data base so that all families who are in need can be better served.

All health information that is provided to us will be kept confidential unless the health office staff is instructed otherwise. Be aware of the fact that the health office is no longer able to obtain health information on your child without your permission due to confidentiality laws. Thank you for your cooperation.

Healthy days to all,
Pamela Driscoll
School Nurse/Caring & Sharing Coordinator

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## **Student Health Information Form**

Please complete and return to the Health Office by September 10th

| Student Name:  | Grade:                   |
|--|--------------------------|
|  |                          |
| Physicians Name:   | Physicians Phone Number: |
|  |                          |
| Name of your Health Care Provider:   |                          |
| Does your child have allergies? Yes No (If yes, please list all allergies)                         |                          |
| Please list all medications taken at home:   |                          |
| Does your child need to take medications at school**? Yes No (If yes, please list all medications) |                          |
| Has your child had any recent operations? Yes No (If yes, please list all operations)              |                          |
| Please list all medical conditions or recent illnesses:  |                          |
| Does your child have any disabilities: Yes No (If yes, please list all disabilities)               |                          |
| Has your child had any recent immunizations? Yes (If yes, please list all recent immunizations)    | No                       |

<sup>\*\*</sup>Written permission is required by Physicians and Parent/Guardian's for any medication (including non-prescription medication) to be given at school. Medication must be transported to and from school by a parent/guardian ONLY.