

Welcome to Cleveland Hill!

We are so glad you are here!

This is some important information from the health office:



- An updated immunization record is required by the start of school. This may be obtained from your health care provider or the health department.
- A physical examination performed within the last 12 months is required by the start of school. You may obtain a copy from your health care provider. Please send all updated physicals to the school health office each year.
- The school nurse will perform annual vision and hearing screenings. You will be notified if abnormal findings are found.
- If your child is ill, i.e. fever, vomiting or diarrhea, please keep him/her home for 24 hours.
- **To report your child absent, please call 836-7200 X8130.** Please send a note when your child returns explaining the absence. If your child is absent four days or more, a doctor's note is necessary.
- If your child has a contagious/communicable disease, such as strep throat or pink eye, a doctor's note clearing them to return to school is needed.
- If your child needs to be excused from gym for one day, the nurse can give him/her a pass. However, any longer period of time off requires a doctor's note.
- The school nurse may administer prescription and OTC medication to your child. A doctor's order and medication permission form signed by a parent is required.
- If your child has a medical condition such as allergies or asthma, please inform the school nurse and keep her informed of any changes.
- **Please update your contact numbers with the district.** It is important to be able to reach you in case of an emergency.
- Accidents happen, so it is a good idea to keep a change of clothes here.

Looking forward to a safe and healthy year!



change

WHEN TO KEEP A CHILD HOME WITH ILLNESS

It can be difficult as parent to decide whether to send your child(ren) to school when they do not feel well. In general, unless your child is significantly ill, the best place for them is in school. However, there are some situations in which it is best to plan on keeping your child to rest, or to arrange for an appointment with your health care provider.

The following are a few situations that warrant staying home and/or calling your health care provider:

- A **FEVER** in the last 24 hours **100.3°** or greater. Do not give your child Tylenol, and send them to school if they have had a fever in the past 24 hours. You child is contagious to other children until they are fever free for 24 hours.
- Child that is **TOO SLEEPY** due to illness keeping them up at night.
- **VOMITING** and/or **DIARRHEA** in the past 24 hours.
- **PERSISTANT OR UNCONTROLABLE COUGH** every few minutes, that makes a child feel uncomfortable, or is keeping them up at night.
- **SEVERE SORE THROAT** with or without fever, especially after known exposure to Strep throat infection.
- **RASHES** Honey-crusted sores around the nose or mouth, and a rash in various stages including boils, sores and bumps; especially if accompanied by other symptoms of illness such as fever. **Your child's Pediatrician MUST clear ALL RASHES.**
- **BRIGHT RED ITCHY EYES** with or without discharge.
- Large amount of **NASAL DISCHARGE**, especially if discolored and accompanied by facial pain/headache
- **SEVERE EAR PAIN** or drainage from the ear; with or without fever.
- **SEVERE OR PERSISTANT HEADACHE**, especially if accompanied by fever.
- **HEAD LICE** – must show proof of treatment and be cleared by the school nurse.

Please notify the nurse immediately if your child has had any of the following:

Chicken pox, Scabies, Conjunctivitis, Head Lice, Pneumonia, Strep infection, Pertussis, Shingles, Pinworms, Hand Foot and Mouth Disease, Fifth's Disease, Ringworm, or Impetigo

If you child has any of the above symptoms it is better to let them stay home until they are feeling better, and are ready to learn for a full day in a classroom. When in doubt please contact your child's pediatrician.

(In most cases they can return 24 hours after symptom free or 24 hours after the start of medication)

Cleveland Hill School Nurse

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades pre-k through 11, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grade 12 except for interval between measles vaccine doses. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule.

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)³	Not applicable		1 dose	
Polio vaccine (IPV/OPV)⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses
Measles, Mumps and Rubella vaccine (MMR)⁵	1 dose	2 doses		
Hepatitis B vaccine⁶	3 doses	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (Chickenpox) vaccine⁷	1 dose	2 doses		1 dose
Meningococcal conjugate vaccine (MenACWY)⁸	Not applicable		Grades 7, 8, 9 and 10: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib)⁹	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV)¹⁰	1 to 4 doses	Not applicable		

Cleveland Hill Schools

Health Examination Requirements

Dear Parents/Guardians,

New York State law requires a health examination for all students entering the school district for the first time, and when entering Pre-K, Kindergarten, 1st, 3rd, 5th, 7th, 9th, and 11th grade. The examination must be completed by a New York State licensed physician, physician assistant, or nurse practitioner.

A dental certificate which states your child has been seen by a dentist or dental hygienist is also asked for at the same time.

- **A copy of the health examination must be provided to the school *immediately* upon registration.**
- Communication between private and school health staff is important for safe and effective care at school. Your healthcare provider may not share health information with school health staff without your signed permission. Please talk to your provider about signing their consent form for the school at the time of your child's appointment for the examination.

We suggest you make copies of the completed forms for your own records before sending them to the school health office. Forms may also be faxed to the number below.

Sincerely,

School Nurse		School: Cleveland Hill Schools
Phone #: (716) 836-7200 x 8210	Fax: (716) 566-3619	

CLEVELAND HILL MEDICATION PLAN

Dear Parent/Guardian:

New York State requires **3 key components** in order for us to administer medication to your child at school, or during field trips.

The first component is a **doctor's order**. This is different from an Action Plan (asthma/allergy/seizure). We require a separate doctor's order with your child's name, diagnosis, medication, dosage, route, time, and any special instructions.

The second component is **parent permission**. It should state that you give appropriate school staff permission to administer the medication to your child.

The last component is the **medication** itself. A prescription medication will need to be in the original container with a pharmacy label. Over-the-counter medications must also be in an original container and labeled with a name.

Your child will **NOT BE GIVEN MEDICATION** until all three of these are in place. A form has been attached for your convenience.

**ALL MEDICATIONS MUST BE DELIVERED TO SCHOOL BY A
PARENT/GUARDIAN**

***** A NEW ORDER IS REQUIRED EVERY SCHOOL YEAR *****

Thank you,
Cleveland Hill Nurse

**Provider and Parent Permission to Administer Medication
at School/School Sponsored Events**

To Be Completed By Parent

Student Name: _____ DOB: _____

Grade: _____ Teacher/HR: _____ School: _____

I request the school nurse give the medication listed on this plan; or after the nurse determines my child can take their own medications; trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with school staff caring for my child.

Parent/Guardian Signature Date

Email Phone Where We Can Reach You Check if Cell

To Be Completed By Health Care Provider-Valid for 1 Year

Diagnosis _____

Medication _____

Dose _____ Route _____ Time(s) _____

Recommendations _____ ICD Code _____

Note: Medication will be given as close to the prescribed time as possible, but may be given up to one hour before or after the prescribed time. Please advise if there is a time-specific concern regarding administration.

Independent Carry and Use Attestation Attached (Required for Independent Carry and Use)

NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medications, epinephrine auto-injector, Insulin, carry glucagon and diabetes supplies or other medications which require rapid administration along with parent/guardian permission delivery to allow this option in school. Check this box and attach the attestation to this form to request this option.

<p>_____ Name/Title of Prescriber (Please Print)</p> <p>_____ Prescriber's Signature</p> <p>_____ Email</p>	<p>_____ Date</p> <p>_____ Phone</p>	<p>Stamp</p>
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Return to:

School Nurse: _____ School: _____

School Address: _____

Phone: () _____ Fax: () _____ Email _____

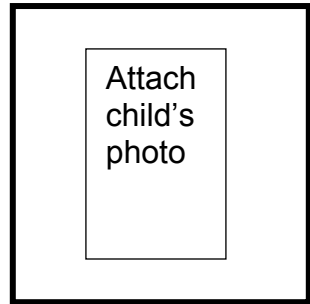
Allergy and Anaphylaxis Emergency Plan



Child's name: _____ Date of plan: _____

Date of birth: ____/____/____ Age ____ Weight: _____kg

Child has allergy to _____



- Child has asthma. Yes No (If yes, higher chance severe reaction)
Child has had anaphylaxis. Yes No
Child may carry medicine. Yes No
Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis What to look for



If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine.**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. Stay with child and:
 - Call parents and child's doctor.
 - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/bronchodilator

For Mild Allergic Reaction What to look for



If child has had any mild symptoms, **monitor child.**
Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: 0.15 mg 0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date

Allergy and Anaphylaxis Emergency Plan



Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: () -

Doctor: _____ Phone: () -

Parent/Guardian: _____ Phone: () -

Parent/Guardian: _____ Phone: () -

Other Emergency Contacts

Name/Relationship: _____ Phone: () -

Name/Relationship: _____ Phone: () -

