



2018-2019 Health Forms

To: All Parents and Guardians

From: Jennifer Maglione, Upper School Nurse

Many of you are scheduling your child's physical examination. The school is also required to have forms on file in order to comply with New York State education laws. **Providing this information means that we can take care of your child's health and safety.**

For your convenience the Physical Exam form and the Athletic Permission slip are included in this letter. All medical forms are due in the Health Office by Tuesday, September 4th 2018.

Physicals, immunizations and health updates are required for grades 7th, 9th, and 11th as well as all new entrants in accordance with New York State law. **A Meningococcal Vaccine is required for all 7th, 8th, 9th and a 2nd dose for 12th grade students, in addition, 6th, 7th, 8th 9th and 10th graders require a second varicella vaccine for school attendance as well as Tdap booster by age 11 if they have not had one after the age of 7.**

Sports: Under New York State law, students without up-to-date physicals and parent permission booklets **will not** be permitted to tryout or participate in team sports. Physical exams for all participants must be not more than 1 year old at the start of each sport season and a new Sports Permission Booklet including Sports Health Update is required prior to each sports season. **PLEASE NOTE THAT PAGE 2 OF THE PHYSICAL PERTAINING TO INTERSCHOLASTIC SPORTS MUST BE COMPLETED AND SIGNED BY THE PHYSICIAN.** Note: all required forms are available on the Schechter LI website.

Emergency Contacts: Yellow Emergency Cards will not be required, however we ask that you review your information on RenWeb and keep your contact numbers up to date.

Medications: A student requiring medication (ex: Epi-pen, Tylenol, allergy meds., inhalers, Midol, etc.) during school or after-hour activities or who has permission to carry his own medication on campus must have the enclosed Medication Permission Request Form and the Self-Medication Release Form completed by a physician **every year**. Students who have permission to carry their own medication(s) must have **both** forms filled out. All medication must be brought to the Health Office for storage, unless the student has permission to self-medicate. The nurse **cannot** dispense medication without this form on file. **You must provide your child's own medication in the original container. No medication will be dispensed unless both a physician and parent note are on file for the current school year.**

Medical Ailments/Injuries: Any medical ailment, including surgery, casts, boots or crutches during the school year must be substantiated with a physician's note and turned in to the Health Office. A letter of Medical Clearance will be required to return to full activity. **Please pay special attention to the Concussion Management Protocol included in this packet.**

As always the safety of your children is most important. In the coming year we ask that you take a moment to call or e-mail the Health Office, 516 539 3700 ext. 1210 or nurse@schechterli.org if you know that your child will be absent or delayed.

**SCHECHTER SCHOOL OF LONG ISLAND
PHYSICAL EXAMINATION 2018-2019**

STUDENT _____ BIRTH DATE _____ DATE OF EXAM _____

PHYSICAL EXAMINATION: Please return this form to the Health Office when your child enters in September. As required by law, new entrants to a school district and all children in grades K, 1, 3, 5, 7 and 11 will be examined by the school physician if no report is received.

***An annual physical examination is required for participation in interscholastic sports. (*Both sides must be completed.)**

- | | |
|--|--|
| 1. BP _____ Pulse _____ | 10. Speech _____ |
| 2. Height _____ Weight _____
Body Mass Index: _____ . _____
Weight Status Category (BMI Percentile)
____ less than 5th ____ 5th- 49th ____ 50th- 84
____ 85th- 94th ____ 95th- 98 th ____ 99th and higher | 11. Nose _____ |
| 3. Urinalysis _____ | 12. Throat _____ |
| 4. Heart _____ | 13. Tonsils _____ |
| 5. Breasts _____ | 14. Teeth and gums _____ |
| 6. Lungs _____ | 15. Skin _____ |
| 7. Eyes R _____ L _____
With Glasses R _____ L _____ | 16. Glands (cervical, thyroid, other) _____ |
| 8. Visual Diagnosis _____ | 17. Nervous system _____ |
| 9. Ears: Otoscopic _____
Audiometric structural defects _____
P.E. tubes Yes ____ No ____ | 18. Hernia _____ |
| | 19. Genitourinary _____ |
| | 20. Tanner: I. II. III. IV. V. |
| | 21. Orthopedic: scoliosis: positive negative
posture _____ feet _____ |
| | 22. Abdomen _____ |

SURGERIES: _____

SIGNIFICANT ILLNESSES/INJURIES: _____

ALLERGIES: _____

ALL CHILDREN MUST TAKE PHYSICAL EDUCATION OR A MODIFIED PHYSICAL EDUCATION PROGRAM

Full Activity _____ Restriction _____ Recommendation _____

CURRENT MEDICATIONS (please list all medications and dosages): _____

IMMUNIZATIONS (please fill in or attach record of immunization)

DPT or DTaP _____ / _____ / _____ / _____ / _____ (3 required) MMR _____ / _____ (2 measles required for Kindergarten)

Td or DT Booster _____ Tdap _____ Varicella _____ / _____ PCV _____ / _____ / _____

HIB / _____ / _____ / _____ (Required for Pre School) Polio (OPV or IPV) _____ / _____ / _____ (4 or 3 required) Hep B _____ / _____ / _____ (3 required)

Meningococcal _____ HPV _____ / _____ / _____ Hepatitis A _____ / _____ / _____

PROCEDURES/TESTS: TB Screening _____ Chest X-ray _____ Lead Test _____ Other _____

Signature of Examining Physician _____ Date _____ Print Name _____

Physician's Address & Phone # _____ **(PLEASE STAMP)**

SCHECHTER SCHOOL OF LONG ISLAND

INTERSCHOLASTIC SPORTS HEALTH EXAMINATION 2018-2019

Please complete both sides for participation in interscholastic sports.

This certifies that _____ is physically qualified to participate in physical education, sports, playground, school activities during this school year **EXCEPT** those indicated out below..

___ CONTACT / COLLISION : Football, Hockey, Lacrosse, Soccer, Wrestling

___ LIMITED CONTACT/IMPACT: Baseball, Basketball, Cheerleading, Gymnastics, Handball, Softball, Volleyball

___ STRENUOUS NON-CONTACT : Cross Country, Track & Field, Tennis

___ NON-STRENUOUS/ NON-CONTACT: Archery, Bowling , Golf

Physician

Signature: _____ Date: _____

Family Physician

I give my child permission to participate on all interscholastic athletic teams at school **except**:

Signature: _____ Date: _____

Parent / Guardian

SCHECHTER SCHOOL OF LONG ISLAND

MEDICATION PERMISSION REQUEST FORM 2018-2019

In accordance with New York State Education Department regulations, SSLI requires that all students who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.
2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
3. Present a completed medication permission request form from the prescribing physician as follows:

Name of Student _____

Date of Birth _____ School _____

To Be Completed By Physician

MEDICATION _____

DOSAGE _____

TIME AT SCHOOL _____

Additional Comments: _____

The following side effects are common:

The following side effects should be reported to me:

Physician's Signature

Date

Physician's Name Printed

Physician's Telephone

To Be Completed By Parent

I, _____, give permission for my child to receive the above medication as directed.

Date

Parent/Guardian Signature

Parent Phone Number

SCHECHTER SCHOOL OF LONG ISLAND

SELF-MEDICATION PERMISSION FORM 2018-2019

DATE: _____

CHILD'S NAME: _____

has been instructed in the proper use of the following medication procedure:

We (Physician's signature): _____

and (Parent or Guardian's signature): _____

request that (Child's name): _____

be permitted to administer his/her medication as we consider him/her responsible.

He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

NOTE: This form must be completed ***in addition***
to routine district medication form for
those students who request permission
to carry their own medication on campus

SCHECHTER SCHOOL OF LONG ISLAND

DENTAL FORM

2018-2019

HEALTH OFFICE 516 539 3700 EXT. 1210

Name _____

Grade _____

_____ Treatment has been completed.

_____ Treatment is in progress.

_____ No treatment is indicated.

Dentist Signature and Stamp.

Date of Exam

SCHECHTER SCHOOL OF LONG ISLAND
DEPARTMENT OF PHYSICAL EDUCATION & ATHLETICS
ATHLETIC PERMISSION SLIP 2018-2019

THIS FORM MUST BE COMPLETED WITH THE REQUIRED INFORMATION NO EARLIER THAN TWO WEEKS PRIOR TO THE START OF THE SEASON FOR EACH SPORT IN WHICH YOUR CHILD WILL BE PARTICIPATING.

SSLI fully realizes that the physical development of the child is a vital and integral part of the field of education and is asking the cooperation of parents and guardians in our efforts to further the physical training program through extracurricular activities in the area of intramurals and interscholastic athletics. Administration, teachers, coaches and the nurse want the assurance that each pupil taking part in the programs mentioned above is doing so WITH THE CONSENT OF HIS/HER PARENT OR GUARDIAN. Please complete the form below. NO STUDENT WILL BE ALLOWED TO PARTICIPATE UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE NURSE, ALONG WITH HAVING A CURRENT SPORTS PHYSICAL FILED IN THE HEALTH OFFICE. **THIS IS IN ORDER TO COMPLY WITH NEW YORK STATE LAWS.**

I hereby give my son/daughter _____ permission to participate in _____. I recognize that the above activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, the use of the most advanced protective equipment and the strictest observance of rules, injuries are still a possibility. I further understand that all medical bills for an injury sustained in the above activity are to be submitted to the parent/guardian's insurance carrier. Your signature below indicates that your child has your permission to participate.

Print Name:

Parent or Guardian's Signature:

Date: _____

CONTACT INFORMATION FOR AFTER SCHOOL HOURS

Student's Name _____

Date of Birth _____

Grade _____

Height _____

Weight _____

Address _____

Town/Zip Code _____

Home Telephone # _____

Mother's cell # _____

Father's cell # _____

In case of emergency, when parent not available, contact:

Name (Print) _____

Home Telephone # _____

Cell # _____

SCHECHTER SCHOOL OF LONG ISLAND
HEALTH UPDATE
2018-2019

Since his/her last sports physical has this student:

- | | | |
|---|------------|-----------|
| 1. Had any injuries requiring medical attention? | Yes | No |
| 2. Had an illness lasting more than 5 days? | Yes | No |
| 3. Been taking any medicine(s) or been under a doctor's care? | Yes | No |
| 4. Had an operation or convulsion/head injury? | Yes | No |
| 5. Had any joint injuries (sprain, strains)? | Yes | No |
| 6. Had any fractures? | Yes | No |
| 7. Been treated in a hospital or emergency room? | Yes | No |
| 8. Developed any allergies or chronic disease? | Yes | No |
| 9. Had dizziness, faintness or fatigue after exercise/exertion? | Yes | No |
| 10. Wears glasses or contact lenses for sports? | Yes | No |

Explain any "Yes" answers:

EMERGENCY PROCEDURE

Student's Name: _____

In the event of a medical emergency, the procedure will be to call the parent, time permitting, before taking the student to a doctor or hospital. However, when neither parent can be reached, the following will permit prompt treatment. I hereby give permission for the coach, intramural advisor, or designee to transport my child to a doctor or hospital for emergency treatment. I further give permission for the advisor, coach or designee to sign any consent(s) which may be necessary to allow hospital personnel and/or a licensed physician to examine my child and perform any emergency procedures, treatment or surgery which may be necessary and to consent to the administration of any drugs or medication necessary to such emergency care.

My child is allergic to the following drugs/medications/foods:

List any medical conditions &/or any medication(s) which your child has/takes:

I hereby agree to hold SSLI free and harmless from and indemnify SSLI from any liability which may arise as the result of such medical treatment.

Health Insurance Carrier: _____

Policy or ID Number: _____

Doctor's Name: _____

Phone # _____

Parent's Signature: _____

Date: _____

SCHECHTER SCHOOL OF LONG ISLAND
 STUDENT INTERVAL HEALTH HISTORY & UPDATE - **2018-2019**
 (TO BE COMPLETED BY PARENT OR GUARDIAN FOR ALL STUDENTS)

NAME _____ D.O.B. _____ GRADE IN SEPTEMBER _____

Please check if the student has ever had any of the following:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Prolonged Bleeding | |

Gives dates and explanation for any conditions checked above:

	YES	NO
1. Has student ever fainted after exertion?	___	___
2. Has student ever had any fractures?	___	___
3. Has student ever been hospitalized?	___	___
4. Has student ever had surgery?	___	___
5. Does student have any allergies?	___	___
6. Does student take any medication?	___	___
7. Does student wear glasses? ___ Contact lenses? ___	___	___
8. Has student ever been diagnosed with a concussion?	___	___
9. Has student been diagnosed with a chronic condition?	___	___
10. Does student have any physical restrictions or limitations?	___	___

Please explain any YES answers to questions 1 – 10. Use reverse side if necessary.

New York State Concussion Awareness and Management Act Notice for Parents and Guardians

What is a concussion?

According to New York State Department of Health, a concussion is a type of traumatic brain injury caused by a bump, blow or jolt to the head that can change the way the brain normally works.

How Do They Occur?

Concussions may occur from a fall, blow to the body, or collision that causes the head and brain to move quickly back and forth. Even a so-called “ding” may result in a concussion and should be evaluated by a licensed physician. Concussions may occur in any sport, but most often occur in contact sports. According to the DOH you cannot see a concussion and some athletes may not experience and or report symptoms until hours or days after the injury. If you think your child may have a concussion, seek medical attention immediately.

What Are The Signs and Symptoms?

If your child has experienced a bump or blow to the head, look for any of the following signs and symptoms of a concussion:

Signs Exhibited by Athletes and Observed by Coaches

- Dazed or stunned.
- Confusion about game assignment, position, score and or opponent.
- Forgets sports plays.
- Clumsy movement.
- Delayed response to questions.
- Loss of consciousness (even briefly).
- Behavior or personality changes or an inability to recall events before or after a hit or fall.

Symptoms Reported by Athletes

- Headache or “pressure” in head.
- Nausea or vomiting.
- Dizziness or balance problems.
- Double or blurred vision.
- Sensitivity to light or noise.
- Feeling sluggish, hazy, foggy or groggy.
- Loss of memory or concentration.
- Confusion or “not feeling right”.

How Can I Help Prevent Concussion?

While every sport is different here are some general steps you can take to prevent concussions:

- Make sure your child wears the right protective equipment for their sport. Be certain that their protective equipment fits properly, is kept in good condition, and is worn consistently and correctly.
- Ensure that your child follows the coach’s rules for safety and the rules of the sport.
- Encourage your child to practice good sportsmanship.

What Should I Do If I Think My Child Has a Concussion?

Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to play.

Keep your child out of play until he or she has been symptom free for at least 24 hours and evaluated and cleared by a licensed physician.

Concussions are serious and can take time to heal. Children who return to play too quickly while the brain is still healing risk a greater chance of having a second concussion. Subsequent concussions can be very serious and even result in permanent brain damage.

Your child’s school and coach must know if your child had a recent concussion in any sport. Promptly inform your child’s coach or school official about any recent concussion in any sport, regardless of where the injury occurred either on or off campus.

What If My Child Seems to Have Sustained a Concussion During a School Activity?

Any student who has sustained, or who is believed to have sustained, a concussion during a school related activity will be immediately removed from that activity. If there is any doubt as to whether the student has sustained a concussion, the school must presume that the student has been so injured until proven otherwise.

What Rules Apply for the Return to School and Activities After a Concussion?

The student cannot resume athletic activity until he or she has been symptom free for at least 24 hours and has been evaluated by and received written and signed authorization from a licensed physician. In some cases the student will also be required to receive clearance from the school district's medical director prior to resuming school activities. The school must follow any directives issued by the student's treating physician with regard to limitations and restrictions on school attendance and activities for that student. Any required authorizations will be kept on file in the student's health record.

Where Can I Find More Information?

The New York State Education Department publication, "Guidelines for Concussion Management in the School Setting" (June 2012).

The School District Notice is adapted from the New York State Department of Health Model Notice, www.health.ny.gov/prevention/injury_prevention/concussion.htm.