

HEALTH SERVICES INFORMATION

PHYSICAL & DENTAL EXAMS: Physical examinations are required for students in grades Pre-K, kindergarten, 2nd, 4th and 7th grade, and any student new to Queen of Heaven School. Dental exams are required for the same grades.

PREVENTATIVE SCREENING: During the school year students are screened for possible difficulties in the following areas: Vision (New students & grades PreK, K, 1, 2, 3, 5, & 7); Hearing (New students & grades PreK, K, 1, 2, 3, 5, & 7); Postural Defects (Scoliosis for grades 5-8).

NOTIFICATION OF DEFECTS TO THE PARENTS: Parents are notified of failures on vision, hearing and scoliosis screening by a paper referral sent home with your child. This notification should be returned as soon as possible stating the action taken by the medical examiner. The Health Office Staff welcomes information relative to your child's health. We are willing to assist you in referrals for health care, health education & health insurance.

CONTINUOUS HEALTH RECORDS: Please assist us in keeping your child's health record up-to-date by notifying the health office of any new physical condition, treatments, or immunizations for your child.

NOTIFICATION: Parent's will be notified of serious injury or illness. Parents are responsible for the transportation of ill children to home. Emergency phone numbers and details will be obtained from the student's emergency information sheet. **PLEASE NOTIFY THE SCHOOL OF ANY CHANGES IN YOUR WORK OR HOME PHONE NUMBERS.** If the parents are unable to be reached, the emergency contact sheet should reflect who is allowed to pick your child up if we are unable to reach you. Please make sure that these adults as listed HAVE ACCESS TO A CAR AND ARE AVAILABLE DURING SCHOOL HOURS.

ATTENDANCE: Please encourage regular school attendance as each day adds a step in his/her total development. However, please keep your child home if he/she shows any suspicious symptoms such as: sore throat, rash, colds, persistent cough, fever (anything over 100 degrees), "weepy lesions" around the nose or mouth, inflamed eyes or symptoms of a contagious disease. Please call the school if your child is absent.

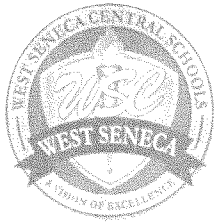
MEDICATION POLICY: If it is necessary for your child to take medication during school hours, New York State Law requires a written NOTE FROM THE PARENT, and a written NOTE FROM THE DOCTOR. The supply of medications must be brought to the Health Office BY AN ADULT IN THE PHARMACY CONTAINER. The law applies to all medications including INHALERS, PAIN MEDICATION, COUGH DROPS, AND ALL OVER THE COUNTER MEDICATION.

PHYSICAL EDUCATION PROGRAM: Please inform the school if your child is unable to participate in a full physical education program (gym and swim). New York State Law requires a DOCTOR'S WRITTEN STATEMENT if a child is to be excluded from gym for a length of time (i.e. over a week). A doctor's permission is required for re-entry into the physical education program after a serious illness, sutures, surgery, fractures or other injuries.

CARE FOR INJURIES: School authorities may provide emergency care for illness & injuries which occur while the student is in school. Treatment is limited to first aid only. Home injuries are the responsibility of the parents/guardians.

If you have any questions regarding the health or health care of your student, feel free to call your School Nurse.

****Thank You****



WEST SENECA CENTRAL SCHOOL DISTRICT

Administrative Offices • 675 Potters Road • West Seneca, New York 14224-2683

Mark J. Crawford, Ed.D.
Superintendent of Schools

Matthew J. Bystrak
Director Pupil Personnel Services

As of September 1, 2008, school districts are now required to request dental health certificates from their students in Pre-Kindergarten or Kindergarten and in Grades 2, 4, 7 and 10. Please call your school nurse if you have any questions.

DENTAL EXAMINATION RECORD

Student Name _____ Date of Birth _____

Parent Name _____

Date of Exam _____

NOTE CONDITIONS AS CHECKED

Cavities

Home brushing care

Good

Needs Improvement

Urgently needs improvement

Occlusion or Bite Relation

Normal Abnormal

Prompt and urgent attention is advised

Mouth in apparently good condition

SPECIAL NOTE: Even though your child's mouth condition may be good at this time, routine and regular examinations by your family dentist are advisable. See her/him before your child complains of pain. Be watchful! Keep sugar intake low!

Signature of Examining Dentist

D.D.S.

Date



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Administrative Offices • 675 Potters Road • West Seneca, New York 14224-2683
Telephone: 716/677-3156 • Facsimile: 716/677-3159

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Superintendent of Schools

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Director Pupil Personnel Services

Dear Parent/Guardian,

NEW YORK STATE GUIDELINES FOR ADMINISTRATION OF MEDICATION IN A SCHOOL SETTING

School nurses, principals and other school personnel are often asked to dispense internal medication to school children. Internal medication can only be dispensed under the following policy:

1. **A written request from the parent/guardian.**
2. **A written request from the physician, which indicates the frequency and the dosage of the prescribed medication.**
3. **The medication is to be brought in the prescribed-labeled bottle by an adult to the office.**

Please do not send aspirin, cold pills, cough drops, inhalers etc. to school with your child. The dangers of this practice are possible choking and consumption of medication by another student resulting in serious consequences.

As stated above, medication will only be dispensed under the described conditions and this will be strictly adhered to within the school setting.

Please keep a copy of this notice for your records and forward the attached form to the school nurse.

Sincerely,

Matthew J. Bystrak
Director Pupil
Personnel Services

HS82b-4/06

----- PLEASE DETACH AND RETURN TO SCHOOL -----

I, _____, have received a copy of the
(Please Print Parent/Guardian Name)

NEW YORK STATE GUIDELINES FOR ADMINISTRATION OF MEDICATION IN A SCHOOL SETTING.

Name of Student _____
(Please Print Name)

Teacher _____ Grade _____ Room _____

Signature of Parent/Guardian _____ Date _____