



Roslyn Public Schools

Harbor Hill School 3 Glen Cove Road, Greenvale, NY 11548
Phone: 516-801-5400 FAX: 516-801-5408 www.roslynschools.org

August 2019

Dear Parent(s)/Guardian(s):

I hope this letter finds you well and happy.

Due to recent regulations regarding school-nursing procedures, teachers and other staff members are not permitted to dispense medication. This includes subcutaneous, intramuscular, intravenous or rectal medications administered through pumps, tubes or nebulizers, or oral, topical or inhalant medications, including over-the-counter medications. Students who receive medication in school presently receive their medication from the school nurse, however, during field trips and after-school activities, the school nurse is not available.

Students may be self-directed to take medication. By New York State Education Department's definition, this means "Individual who is capable and competent to understand a personal care procedure, can correctly administer it to him/herself each time it is required, has the ability to make choices about the activity, understand the impact of these choices and assumes responsibility for the results of the choices . . ." Students who are self-directed do not require a nurse to administer medication, but may carry it him/herself, or ask a staff member to hold it until it is needed. Parents of students who are self-directed may opt to keep medication in the nurse's office.

Non-self-directed students who require medication on a field trip or at after-school activities may only be administered medication by a parent or a nurse. Because of this, parents of children requiring medication will be requested to accompany their children during these activities and field trips. If a parent cannot accompany their child, a substitute nurse will be sought to accompany the child during the activity or field trip. Because of the large number of field trips, it may not always be possible to obtain the services of a nurse. In this case, the field trip or activity may have to be postponed or cancelled if alternative arrangements cannot be made.

Enclosed is a self-direction form. If you and your child's physician feel that your child may be self-directed, please complete the form and return it to your child's classroom teacher or the Harbor Hill school nurse. This will facilitate our planning for field trips and activities.

If you have any questions, please call the school nurse, Mrs. Amy Kula at 801-5410.

Sincerely,

Jessica Kemler

Jessica Kemler

Principal

Enclosures

Self-Medication packet

ROSLYN PUBLIC SCHOOLS
ROSLYN, NEW YORK 11576
SELF-MEDICATION RELEASE FORM

Date: _____

Student's Name: _____ Date of Birth: _____

Grade: _____ Phone Number: _____

has been instructed in the proper use of the following medication procedures (list medications)

We (physician's signature) _____

and (parent or guardian's signature) _____

Physician

Parent

Print name: _____ Print name: _____

Address: _____ Address: _____

Phone No.: _____ Phone No. _____

Date: _____ Date: _____

request that (student's name) _____ be permitted 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 responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency or use. The child and parent may also opt to maintain the medication in the nurse's office.

Check one:

Student will carry medication in a properly labeled container and self administer. **NOTE:** It is the parent's responsibility to monitor on an ongoing/daily basis that the student is carrying and taking medication as directed.

Student will keep medication supply in the Health Office to be administered by nurse and self-administered only as needed on field trips and after-school activities. (In this case the "Permission for Administration of Medication in School" form must be completed.)

HS-8
HEALTH SERVICES

AK/amk
Self Medication packet

**ROSLYN PUBLIC SCHOOLS
ROSLYN, NEW YORK 11576**

Department of Health, Physical Education and Recreation

PERMISSION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

Dear Parent(s)/Guardian(s):

The State law requires that we have the following information for any student who must take medication in school:

Name of Student

Address

Teacher

Grade

Medication

Duration of Therapy

Dosage

Time

Route

Diagnosis

PRN or Scheduled?

Side effects of this medication are _____

Address of Physician

Signature of Physician Date

Telephone

Number of Physician

Name of Physician (Printed)

TO BE FILLED OUT BY PARENT

I hereby give permission to the School Nurse or designee to administer the above medication, according to the above instruction to

Name of Student _____

Signature of Parent or Guardian

Date

AK/amk

Self Medication packet



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Allergy Update

Please fill out the attached forms for the next school year. We will need new Doctors' orders for all medication given at school, as well as new medication with an expiration date that will take us through the school year.

I have also attached a Food Allergy Action Plan. Although you may have filled this out in the past, current information is necessary for proper continued attention to your child's medical condition. You will notice there is a space for a current picture of your child. This is necessary to help identify your child to our support staff and substitute/trip nurses.

Please return these forms to my office by the beginning of the next school year.

Thank you for your cooperation,

Amy Kula

Amy Kula, R.N.
School Nurse
Harbor Hill School
801-5410

AK/amk
Self Medication packet



Emergency Care Plan



FOOD ALLERGY

Student: _____ Grade: _____ School Contact: _____ DOB: _____

Asthmatic: Yes No (increased risk for severe reaction) Allergen(s): _____

Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____

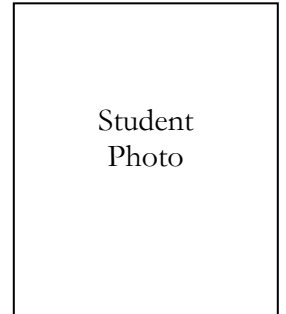
Father: _____ FHome #: _____ FWork #: _____ FCell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

- **MOUTH** Itching & swelling of lips, tongue or mouth “feels hot”
- **THROAT** Itching, tightness in throat, hoarseness, cough
- **SKIN** Hives, itchy rash, swelling of face and extremities
- **STOMACH** Nausea, abdominal cramps, vomiting, diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** “Thready pulse”, “passing out”

The severity of symptoms can change quickly – it is important that treatment is give immediately.



STAFF MEMBERS INSTRUCTED:

- Administration Classroom Teacher(s) Special Area Teacher(s)
 Support Staff Transportation Staff

TREATMENT: Rinse contact area with water if appropriate

Treatment should be initiated with symptoms without waiting for symptoms
Benadryl ordered: Yes No Give _____ Benadryl per provider’s orders

Call school nurse. Call parent/guardian if off school grounds.
Epinephrine ordered: Yes No Special instructions: _____

IF INGESTION OR SUSPECTED INGESTION OF ALLERGEN OCCURS, SYMPTOMS ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.

Preferred Hospital if transported: _____
Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus

Special instructions: _____

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

- Copy provided to Parent Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____