



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 2021

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,

Michelle Hazen

Michelle Hazen
Principal

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.)

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



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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

Name: _____ D.O.B.: _____

Allergic to: _____

 Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

 PLACE
 PICTURE
 HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.
Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS


LUNG

Shortness of breath, wheezing, repetitive cough


HEART

Pale or bluish skin, faintness, weak pulse, dizziness


THROAT

Tight or hoarse throat, trouble breathing or swallowing


MOUTH

Significant swelling of the tongue or lips


SKIN

Many hives over body, widespread redness


GUT

Repetitive vomiting, severe diarrhea


OTHER

Feeling something bad is about to happen, anxiety, confusion

 OR A
COMBINATION
 of symptoms
 from different
 body areas.


- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS


NOSE

Itchy or runny nose, sneezing


MOUTH

Itchy mouth


SKIN

A few hives, mild itch


GUT

Mild nausea or discomfort

 FOR **MILD SYMPTOMS FROM MORE THAN ONE**
 SYSTEM AREA, GIVE EPINEPHRINE.

 FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM**
 AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

 Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

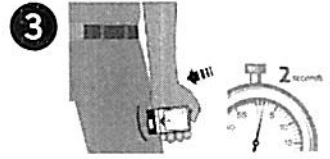
Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____



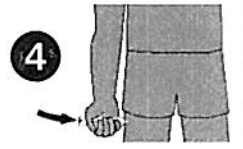
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



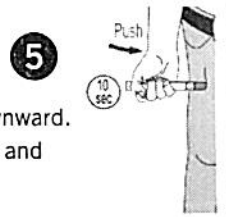
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



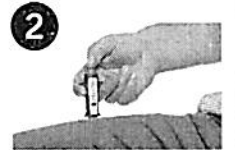
HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
DOCTOR: _____ PHONE: _____
PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____
NAME/RELATIONSHIP: _____ PHONE: _____
NAME/RELATIONSHIP: _____ PHONE: _____