

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 2016

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 in 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) _	
<u>Physician</u>	<u>Parent</u>
Print name:	Print name:
Address:	Address:
Phone No.:	Phone No
Date:	Date:
responsible. He/she has been instruc	be permitted to carry the eep same in his/her locker or P.E. locker, as we consider him/her ted in and understands the purpose and appropriate method and not may also opt to maintain the medication in the nurse=s office.
	n a properly labeled container and self administer. <u>NOTE:</u> It is the nitor on an ongoing/daily basis that the student is carrying and
self-administered only as need	supply in the Health Office to be administered by nurse and ded on field trips and after-school activities. (In this case ation 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

Name of Student	Add	dress		
Teacher	Grade	 Medi	cation	
Duration of Therapy	Dosage	Time	Route	
Diagnosis Side effects of this medic	PRN or Sc cation are			
				Date
Side effects of this medic	cation are	Signature o		Date
Side effects of this medic	vation are	Signature o	f Physician ysician (Printed	Date
Side effects of this medic	ysician TO BE FILLED to the School Nurse	Signature of Name of Physics OUT BY PARE	f Physician ysician (Printed	Date d)

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