



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 2017

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.)

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

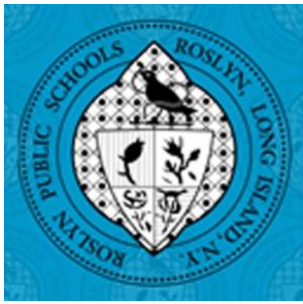
Telephone Number of Physician

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 _____



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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**