

May 2, 2024

Dear Parents,

In preparation for the new school year beginning September 2024, the necessary documents that must be returned to the health office are being emailed to you. The six forms are listed below with explanations of the New York State requirements. Please print out the ones that are pertinent to your child(ren) and complete them. We appreciate your cooperation in returning these forms to the health office as soon as possible. Please do not wait until the fall to submit them. These forms are state mandated and must be received before classes begin. In addition, there are deadlines by which time all student immunization records must be submitted to NYS. The attachments for the various forms are below.

1. **Health Examination and Immunization Form** (2 sided)-Must be submitted for:
  - **any new entering student**
  - **all preschoolers**
  - **all 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, and 7<sup>th</sup> graders**
  - **all 6<sup>th</sup> graders (immunization record)**

The health examination and immunization form must be from a physical exam done no more than twelve months prior to the beginning of the school year. (The exam date on the form can be from September 2023 and onward.)

2. **Medication Administration Form**- to be filled out if you are supplying a medication for your child to take in school. If your child is to receive **any** medication in school, prescription or **even over the counter**, it must be provided in its original pharmacy container along with the medication administration form completed and signed by BOTH the doctor and a parent. This includes any daily medication, Tylenol or Advil, EpiPens, Benadryl, Hydrocortizone cream, rescue inhalers, or any other "as needed" medication.
3. **Self-Medication Release Form**- To be filled out ONLY if you want your child to keep his medication **on him** instead of in the health office. This form may only be used for children TEN YEARS OLD OR OLDER, and both you and your doctor must be confident that your child is knowledgeable

about his medication and capable of self-administration. As such, please note that this form is to be signed by both the doctor and a parent. If you opt to complete this Self-Medication Release form, it is to be filled out IN ADDITION TO THE MEDICATION ADMINISTRATION FORM.

4. **Allergy and Anaphylaxis Emergency Plan**- *(Two Sided)* Please have your doctor complete if your child has a FOOD, STING, or LATEX allergy requiring EMERGENCY MEDICATION. Make sure that a parent also signs it. (Do not fill out this form if your child has a medication allergy.) The Medication Administration Form must be completed in conjunction with this form.
5. **Asthma Emergency Care Plan**- Please have your doctor complete if your child has asthma and you will be providing an inhaler or other emergency medication to have on hand for him in the health office. A parent must also sign it. The Medication Administration Form must be completed in conjunction with this form.
6. **Dental Form**- This form is optional.

If you have any questions or would like to discuss anything with me privately, please call the health office.

Thank you,

Mrs. Faygie Kiffel

YKLI Nurse

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