

April 27, 2022

Dear Parents,

In preparation for the new school year beginning September 2022, 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 ONLY 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. These forms are state mandated and must be received by end of August the latest. 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. They can also be found on the yeshiva's website, www.YKLI.org, under "Applications/Forms".

1. **Health Examination and Immunization Form** (2 Pages)-Must be submitted for:

- *any new entering student*
- *all preschoolers*
- *all 1st, 3rd, 5th, and 7th graders*
- *all 6th 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 1, 2021 and onward.)

2. **Medication Administration Form**- ONLY to be filled out if you are supplying a medication for your child. If your child is to receive **any** medication in school, prescription **or over the counter**, it must be brought in from home in its original labeled container 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. **Emergency Allergy Action Plan**- Please have your doctor complete ONLY if your child suffers from a FOOD, STING, LATEX, or any other 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.

5. **Emergency Asthma Action 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.

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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