

# CARMEL HIGH SCHOOL

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30 FAIR STREET • CARMEL, NY 10512 • 845-225-8441 • FAX 845-228-2307

PRINCIPAL  
LOUIS T. RIOLO

ASSISTANT PRINCIPAL  
ROBERT MCKIERNAN

ASSISTANT PRINCIPAL  
JOHN FINK

ASSISTANT PRINCIPAL  
LAUREN PICCINICH

Dear Parent/Guardian of a New Entrant to Carmel Schools:

First, we would like to welcome you to the Carmel School district.

Next, there is some information we feel you may want to be aware of.

If your child takes daily medication, or needs to take a specific medication "when needed", such as tylenol, or an inhaler, the Nurse Practice Act, Article 139-Nursing, and provisions of Title VIII of the State Education Law state that "school nurses, principals, and other school personnel cannot dispense internal medications without proper documentation." The proper documentation forms are available at the school nurse's office.

If your child is interested in participating in interscholastic sports for Carmel Schools, our policy regarding such participation is as follows:

Your child must have a "sport physical" with the Carmel Central School Districts Board Appointed school physician, on the Carmel School districts sport physical form. Dr. Henry Rojas performs such physical examinations, free of charge, throughout the summer, and periodically throughout the school year, usually just prior to the specific sport season. If your child does not take advantage of this service, in order to participate in an interscholastic sport, you will then have to take your child to Dr. Rojas' office, at your expense. For more information regarding the procedure, please call the school nurse at your child's specific building after September, or the Athletic Director at 225-8441 x462 during the summer.

For grades 9 through 12 call; 225-8441 x 424

For grades 7 & 8 call; 228-2300 x 516

Thank you, and again, welcome to Carmel Schools!

*values respect, responsibility and academics....*

Dear Parent/Guardian:

Your school is vitally interested in helping keep your child in good health. It is for this reason that **your child is required, by law, to have a medical examination in the tenth grade or upon entering the Carmel School District.** A school physician in school at our expense may do the physical exam. Your personal physician may perform this exam at your expense.

Routine tenth grade physicals and new entrant physicals are not adequate for sports. Sports physicals will be done in the school nurse's office periodically throughout the school, as well as some of July and August. If your child is interested in participating on a sports team, please advise your son/daughter to sign up with the coach so that he/she may be scheduled for the sport physical exam. For further information, please contact the school nurse at 225-8441 ext. 424.

**We shall appreciate having the routine physical examination form returned to the school by November of this year.** After this date, a school doctor will examine pupils in the school nurse's office for whom we have no record of the family physician's examination. A physical examination form has been enclosed for your convenience.

Public Health Law, section 2164, mandates that any child entering or attending school shall show proof of immunization against Diphtheria, Poliomyelitis, Measles, Mumps, Rubella, Hepatitis B, Varicella (chicken pox). The immunization schedule that must be followed is as follows:

**Kindergarten - Grade 12**

3 doses of diphtheria toxoid containing vaccine

3 doses of polio vaccine (IPV, OPV or any combination of IPV, OPV)

2 doses of measles vaccine

1 dose of mumps and rubella vaccines

3 doses of hepatitis B vaccine (Hep.B)

1 dose of Varicella vaccine(chicken pox) for students born on or after 1/1/98 **AND** for students born on or after 1/1/94 entering (repeating, or transferring into) the 6<sup>th</sup> grade, and students in gradeless classes born on or after 1/1/94 and age equivalent of the 6<sup>th</sup> grade.

Proof of these immunizations must be delivered to the school nurse. All dates of immunization must be on Doctor's stationary, immunization cards, clinic cards, or a copy of an old school record. *Parent's word for dates is not acceptable proof.*

The Public Health Department provides *free immunizations* each month. *A PARENT* must call 845-278-6086 to schedule an appointment and also must accompany the child to the clinic. Once your child has received the required immunizations, please notify the school nurse appropriately.

**NEW YORK STATE ALLOWS 14 DAYS FROM DATE OF REGISTRATION FOR STUDENT'S TO PROVIDE PROOF OF IMMUNIZATION. IF THE PROOF IS NOT PROVIDED AT THE END OF THAT TIME, *YOUR CHILD MAY BE EXCLUDED FROM SCHOOL.***

Your cooperation with these matters is greatly appreciated.

Sincerely,

Nancy M. Mittelstadt, R.N.  
School Nurse

## CARMEL CENTRAL SCHOOL DISTRICT HEALTH/ATHLETIC APPRAISAL FORM

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

**TO BE FILLED OUT BY PHYSICIAN**

B.M.I. _____ PERCENTILE _____ %	H.E.E.N.T. _____
HEIGHT _____ / WEIGHT _____	HEART _____
BLOOD PRESSURE _____ PULSE _____	LUNGS _____
POSTURE-EVIDENCE OF SCOLIOSIS _____	HERNIA _____
OTHER STRUCTURE _____	GENITO-HERNIA _____
NERVOUS SYSTEM _____	SKIN _____
TANNER MATURATION LEVEL <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	VISION _____
	HEARING _____

TEETH \_\_\_\_\_ (teeth injuries will not be paid if teeth are defective) BRIDGE/FALSE TEETH \_\_\_\_\_ CHIPPED TEETH \_\_\_\_\_

**\*PLEASE ATTACH IMMUNIZATION RECORD\***

SPECIFIC ILLNESS/INJURIES DURING LAST 12 MONTHS \_\_\_\_\_

SIGNIFICANT MEDICAL/SURGICAL HISTORY EXPLAIN \_\_\_\_\_

SPECIFY CURRENT DISEASES: ASTHMA    DIABETES TYPE 1 OR 2    SEIZURE DISORDER    CARDIAC    OTHER

CONTACT/ COLLISION	LIMITED CONTACT/ IMPACT	STRENUOUS NON-CONTACT	NON-STRENUOUS NON-CONTACT
FIELD HOCKEY FOOTBALL LACROSSE SOCCER WRESTLING ICE HOCKEY	BASEBALL BASKETBALL SOFTBALL GYMNASTICS CHEERLEADING VOLLEYBALL SKIING	CROSS-COUNTRY TRACK & FIELD TENNIS	BOWLING GOLF

DOES STUDENT NEED AN INHALER FOR SPORTS? YES \_\_\_\_\_ NO \_\_\_\_\_

DOES STUDENT NEED AN EPI-PEN FOR BEE/INSECT ALLERGIES? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YOU ANSWERED YES TO EITHER OR BOTH OF THE ABOVE, A CURRENT MEDICATION PERMISSION SLIP AND SELF MEDICATION SLIP MUST BE ON FILE IN THE NURSE'S OFFICE BEFORE A STUDENT IS ALLOWED TO TRY OUT OR PRACTICE SPORTS**

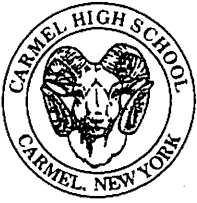
THE ABOVE NAMED STUDENT HAS (CIRCLE ONE) FOR SPORTS: UNRESTRICTED APPROVAL      SELECTIVE APPROVAL

DISQUALIFIED      REASON: \_\_\_\_\_

SCHOOL PHYSICIAN \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_

PRIVATE PHYSICIAN \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_

**PLEASE STAMP-VOID IF NOT STAMPED**  
**PHYSICIANS NAME**  
**ADDRESS**



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PRINCIPAL  
KEVIN CARROLL

ASSISTANT PRINCIPAL  
WENDY GENTILE

ASSISTANT PRINCIPAL  
ETHEL WALKER

DEAN OF STUDENTS  
ROBERT MCKIERNAN

## SCHOOL HEALTH SERVICES

### CARMEL CENTRAL SCHOOLS

As outlined in the Nurse Practice Act, Article 139-Nursing, and provisions of Title VIII of the State Education Law, school nurses, principals, and other school personnel cannot dispense internal medications, such as tylenol tablets, to school children and to school personnel without proper documentation.

In those situations when medication is prescribed specifically during the time the child is in school, the school nurse may cooperate with the family physician and parents and dispense such medication. The medication must be brought to the school nurse by the parent or guardian.

The Carmel School District requires that all students, who need medication during school hours, must do the following:

1. Present, to the nurse, the PERMISSION FORM FOR PRESCRIBED MEDICATION signed by the parent or legal guardian AND the prescribing physician.
2. Parent/Guardian must be the one to bring the medication to the nurse, in the original bottle, properly labeled by a registered pharmacist as prescribed by law.

Long term medication may be given by district personnel provided the prescribing physician completes the district medication permission request form.

**\*If medication is to be self-administered, the parent and doctor must complete the self-administration portion of the medication form, for those students who request permission to carry their own medication on campus or keep this medication in a Physical Education locker.**

Carmel Central School District  
South Street P.O. Box 296  
Patterson, NY 12563

**PERMISSION FORM FOR PRESCRIBED MEDICATION**

Date form received by the school: \_\_\_\_\_ Student's Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School \_\_\_\_\_

**To be completed by the physician or authorized prescriber:**

Reason for Medication: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_  
Form of medication/treatment: (circle one) Tablet/capsule Liquid Inhaler Injection  
Nebulizer Other \_\_\_\_\_

Instructions (schedule and dose to be given at school): \_\_\_\_\_

Start Date:(please circle): Date form received OR Other: \_\_\_\_\_  
Stop Date: End of school year OR Other date/duration \_\_\_\_\_  
For episodic/emergency events only  
Restrictions and/or important side effects: None Anticipated If Yes, Please describe: \_\_\_\_\_

Special storage requirements: None Refrigerate Other: \_\_\_\_\_

**This student is both capable and responsible for self administering this medication:**

Please Circle: NO YES-Supervised YES-Unsupervised  
This student may carry this medication: NO YES  
Please indicate if you have provided additional information:  
On the back of this form As an attachment

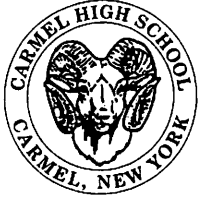
DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
STAMP(include address,phone #,License #)

**TO THE SCHOOL:** Please report concerns about medication or disease to the above  
physician. **To be completed by parent/guardian**

I give permission for (name of child): \_\_\_\_\_  
To receive the above medication at school according to standard school policy.

**\* medication must be brought to the school nurse by parent/guardian  
and be picked up at end of school year or it will be destroyed\***

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_



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Dear Parents/Guardians:

The Carmel Central School District is in the process of creating guidelines for the Transportation Department to use if a student should have a medical emergency while on a school bus. If your child has a condition that you would like the Transportation Department to be aware of, please complete this form and return to my office.

The completed forms will be reviewed by me and then forwarded to the Transportation Department. Please return completed form to the school nurse at the beginning of the new school year.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information about your child that you would like to have shared with the Transportation Department:

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**Note: Medical information about students is maintained in the Transportation Office. The names of students with medical needs are placed on driver's route sheets.**

Sincerely,

Nancy M. Mittelstadt, R.N.  
C.H.S. Nurse