



Medication Permission Form – School Year 2019/2020

This form must be completed by physician and signed by both physician and parents in order for medications to be administered in school.

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

This form applies to dispensing of meds in school and on all field trips throughout the school year.

Prescription

Table with 5 columns: Drug Name, Route, Dosage, Schedule & Indications, Comments. Rows 1-4.

Student may carry \_\_\_ inhaler (grades 9-12 only) Students may not carry any other \_\_\_ EpiPen (grades 9-12 only) OTC or prescription meds

OTC MEDICATIONS

The following is a list of over-the-counter medications. Please indicate with a check mark if this patient may receive these medications.

- Caldecort/Cortisone cream to affected area PRN minor skin irritation.
Acetaminophen 15 mg/kg Q4-6hr PRN temp < 101 F, minor pain or discomfort.
Ibuprofen 200mg-400mg Q4-6hr PRN minor pain or discomfort.
Robitussin 1-2 Tsp PO Q6-8hr PRN coughing.
Benadryl Elizir/Tab 12.5-25mg PO Q6-8hr (5mg/kg;24hr) PRN not to exceed 300 mg/24 hr, minor allergic reaction.
Neosporin/Bacitracin Antibiotic Ointment apply topically to affected area PRN minor cuts/abrasions.
Caladryl/Calahist lotion apply topically to affected area PRN minor itching.
Kaopectate 30-60 ml PO PRN after each loose BM, not to exceed 6 doses/day or a period < 48hrs.
AAfter Bite @ (Ammonium Hydroxide) apply topically to insect bites PRN itching.
A & D Ointment to affected area PRN minor skin irritation
Other \_\_\_\_\_

\*NOTE: If there are any changes in medications or other medical information after this form is submitted, please notify the school in writing.

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Stamp & License # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Once physician and parent have signed, please fax to 585-624-8293 or email to registrar@limachristian.org



# HEALTH FORMS 2019/2020

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### Emergency Contact Information (to be completed by parent every year for each student)

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_  M  F

Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_ Enrolling in Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Complete chart below with additional numbers where you may be reached. **YOU MUST INCLUDE AT LEAST ONE ADDITIONAL PERSON THAT COULD BE REACHED AND COULD PICK UP YOUR CHILD IF YOUR NUMBER 1 CONTACT CANNOT BE REACHED.**

Name	Relationship	Phone #
#1 Contact		
#2 Contact		
#3 Contact		

Medications taking at home	Prescription PRN or Dailey	OTC PRN or Daily

Life Threatening Allergies? Y \_\_\_\_\_ N \_\_\_\_\_ Describe \_\_\_\_\_

Medical Insurance Coverage?  Yes  NO (students will not be allowed to participate in gym or sports without medical coverage.)

Name of Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone # \_\_\_\_\_

#### Medical Release

In the event of an emergency, I/we release our child for such emergency medical assistance, as the Lima Christian School deems necessary. If I/we am/are unavailable and further medical care is necessary, I/we release my/our child to be taken to the nearest medical facility. We absolve Lima Christian School from any liability in such a situation. I/we realize that it is my/our responsibility to notify Lima Christian School immediately of any changes in information on this information form, or in the health of my child.

Father/Guardian Signature/Date

Mother/ Guardian Signature/Date

- **If married, both signatures are required**



**HEALTH HISTORY**

**PARENTS PLEASE COMPLETE THIS FORM FOR NEW STUDENTS OR UPDATE FOR RE-ENROLLING STUDENTS**

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **NO CHANGES** \_\_\_\_\_

**CHECK IF APPLICABLE \*\* ATTACH DOCTOR COPY OF IMMUNIZATONS\*\***

Illness/disorder	√	Date	Illness/disorder	√	Date	Illness/disorder	√	Date
Chicken Pox			Heart Disease			Sickle cell trait		
Whooping cough			Polio			STD		
Diphtheria			<b>Asthma</b>			Orthopedic problems		
German measles (3 day)			Hay fever			Eye conditions		
Measles (regular)			<b>Allergies, other/reaction</b>			Ear problems		
Mumps			Frequent colds/sore throat			Migraine/severe headaches		
Strep Throat			Epilepsy/Seizures			Speech difficulty		
Scarlet Fever			Hypertension			Eating Problems		
Rheumatic Fever			Kidney Disease			Dental Defects		
Pneumonia			Hepatitis			Menstrual Problems		
Tuberculosis			Malaria			Phys. Ed. Restrictions		
Diabetes Type 1 or 2			Mononucleosis			Eating Disorders		
Obsessive-compulsive			Depression			Anger Issues		
<b>ADHD or ADD</b>			Bi Polar Disorder			Schizophrenia		
Drug/Alcohol Abuse			Anxiety Panic Disorder			Hemophilia/Blood Disorder		
Phobia			Other:			Skin Disease/Disorder		
Concussion								

**Family Health History: (E=Excellent; F=Fair; P=Poor; D=Deceased)**

Biological Father: \_\_\_\_\_ Biological Brothers: \_\_\_\_\_ Adopted: \_\_\_\_\_

Biological Mother \_\_\_\_\_ Biological Sister: \_\_\_\_\_ Adopted \_\_\_\_\_

**Other:**

Major Accidents/Injuries: \_\_\_\_\_ Date \_\_\_\_\_

Hospitalizations, Surgery, Serious Illness \_\_\_\_\_ Date \_\_\_\_\_

Other Health Problems  
(Physical, Mental, or Emotional)

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### Informational Sheet:

## Health Forms Required by Law

**\*Please read and keep on file for the school year**

The following forms included in the enrollment packet must be submitted to the school **no later than 15 days from the first day of school**:

**-PHYSICAL FORM (supplied by physician's office) –Required for grades K, 1, 3, 5, 7, 9, 11, All New Students, and All Student Athletes. This must include a physician's copy of the immunization record.**

Students may be sent home if they do not have current immunizations or physicals as required by law.

Lima Christian School and the NY State Law require full immunization compliance for all students entering K-12<sup>th</sup> grade (see immunization requirements). **Please note that NYS now requires the meningitis vaccine for grades 7 and 12.** There will be no exemptions beyond those accepted by NY State Law which are religious and medical.

**-MEDICATION PERMISSION** – Required for every student (to be completed and signed by physician, must also be signed by parent)

**-EMERGENCY CONTACT** – Required for every student (to be completed by parent each year)

**-HEALTH HISTORY** - Required for every student (to be completed by parent each year)

Please take a moment to familiarize yourselves with the laws that Lima Christian School is mandated to follow. Thank you in advance for helping us adhere to NYS guidelines.

**Education law, Section 903** – Requires a physical examination of each child entering school for **Kindergarten** and at these selected grades as well: **1, 3, 5, 7, 9, 11 (grade requirements have changed as of this year)**. In addition, ANY STUDENT NEW TO LIMA CHRISTIAN SCHOOL at any grade level must have a physical examination. It is recommended that these examinations be done by the family physician, as he/she is most familiar with the health needs of your child. It should be done after January 1 of the previous school year in which an examination is required. For example: after January 1, 2018 for enrollment in the 2018-2019 school year. **Please include BMI and dental exam during the years physicals are required.**

**Commissioner's Regulation 135.4** – Requires all student athletes who will participate in the interscholastic sports program to have a physical examination **prior to practicing with any team**. LCS does not employ a school physician. As a result, the student's physician must give physicals.

### **Immunizations**

Please see immunization schedule for New York State. NOTE: meningitis is now required for grades 7 and 12. Tdap is required for grade 6. Please also note the schedule for varicella vaccine.

**Exemptions from this requirement include the following:**

- **A history of varicella disease as documented by a health care provider or blood titer showing positive immunity.** Parental recall of the disease history is not sufficient, and will not be accepted as proof of immunity.
- A medical exemption consisting of a written statement from a physician licensed to practice in the State of New York stating that there is a valid medical contraindication to varicella vaccine. A copy of the exemption must be retained by the school.
- A statement of religious exemption written by the parent, parents, or guardian of the child stating that they hold sincere and genuine religious belief(s) which prohibit the immunization of the child. A copy of the exemption must be retained by the school. Secular principles, including philosophical exemptions are not allowed in New York State.

**MEDICATION POLICY: PARENTS PLEASE READ!**

1. Prescription medications taken at school must be supplied in the original bottle, accompanied by a prescription from the doctor, and a signed permission slip from the parent. **THIS IS NEW YORK STATE LAW, AND MUST BE RENEWED EACH YEAR.**
2. Over the counter medications (OTC) to be taken at school must be supplied in the original bottle, labeled with the student name, grade, dosage and frequency, and accompanied by a signed permission slip from the parent and physician. **PERMISSION FOR PRESCRIPTIONS AND OTC MEDICATIONS MUST BE RENEWED EACH YEAR.**
3. **NO MEDICATIONS WILL BE DISPENSED FOR ANY REASON WITHOUT THE ABOVE CONDITIONS AND THE SIGNED RELEASE ON THE STUDENT INFORMATION FORM and/or PHYSICAL.**
4. All medications (prescriptions and OTC) are kept in a locked cabinet or the refrigerator in the nurse's office. **Students are never to carry medications or keep them in their backpack or locker. Only EpiPens and inhalers may be carried with a doctor's order and parent note on file in the nurse's office** (the doctor and parent must know the student clearly understands how to administer the medication).