



ISLAND TREES PUBLIC SCHOOLS

Phone: 516-520-2164
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DISTRICT HEALTH SERVICES, Karen M. Stephens, R.N., District Head Nurse
ISLAND TREES MEMORIAL MIDDLE SCHOOL
45 WANTAGH AVENUE SOUTH
LEVITOWN, NEW YORK 11756

Dear Parent or Guardian;

The New York State Department of Health mandates that every school child have an annual Health Examination in grades Kindergarten, 2nd, 4th, 7th, & 10th.

You are urged to take your child to your Physician and Dentist as early as possible before school starts in September. Your Physician knows your child and therefore can give your child a complete medical examination, vaccinations and other protective measures that are necessary.

For your convenience and in order to have the Medical and Dental examinations done during the summer months, we are sending you the necessary forms.

Parents please note, it is now required by the New York State Department of Health, that all children entering the above mentioned grades, have a BMI (Body Mass Index) and percentile completed by their Physician.

Thank you for your cooperation.

Karen M. Stephens R.N.
District Head Nurse

School Year _____

**ISLAND TREES PUBLIC SCHOOLS
LEVITTOWN, NEW YORK 11756**

Student's Name _____ School _____

Address _____

Room _____ Grade _____

RECOMMENDATIONS OF FAMILY DENTIST

This student is receiving dental treatment

This student requires no treatment at this time

Treatment has been completed

Examining Dentist : (Please Print or Stamp) _____

Date _____

Address _____

Dentist's Signature _____

**ISLAND TREES PUBLIC SCHOOLS
HEALTH SERVICES**

The following regulations have been established by the School health council in order to control the spread of communicable disease, insure rapid recovery, and guard against complications.

It is advisable to keep a child home from school (and, if necessary, consult your family physician), when the child has any symptoms of illness including the following:

*Elevated temperature or chills
Reddened or discharging eyes
Nausea or vomiting
Runny nose*

*enlarged glands
skin eruption
sore throat
coughing*

*earache
headache
diarrhea
dizziness*

The school nurse will require that a child who is ill be returned to the home. Transportation is not provided in these circumstances.

A child with a suspicious skin or scalp condition will be excluded from school until seen by a physician and treatment prescribed. A child with conjunctivitis must be excluded until a physician has approved attendance.

Children returning to school after recovery from a communicable disease will report to the nurse. If there is evidence of continued disease, the child will not be permitted to remain in school.

NO CHILD MAY ATTEND SCHOOL USING CRUTCHES WITHOUT A DOCTOR'S NOTE STATING THE CHILD CAN ATTEND SCHOOL ON CRUTCHES WITHOUT HAZARD TO HIMSELF OR OTHERS. If the injury necessitates a cast, a note must also state the date the student may return to school.

If transportation is needed, a SEPARATE PHYSICIAN'S NOTE should indicate if the request is for a regular bus or special transportation (door to door service). The note should also include the diagnosis and length of time for transportation. **STUDENTS ON CRUTCHES MUST HAVE SPECIAL TRANSPORTATION.** Such requests should be taken to the health office in Stokes School.

Upon return from an injury or illness, the student must report directly to the health Office and submit a note from a physician indicating the extent, duration and limitation of physical activity or physical education.

STUDENTS ARE NOT ALLOWED, AT ANY TIME, TO CARRY ANY KIND OF MEDICATION ON THEIR PERSON. Any medication to be taken during the school day must be administered by the school nurse, be kept in the Health Office, and be accompanied by a PHYSICIAN'S NOTE AND PARENT REQUEST for its administration. Forms can be obtained in the Health Office.

Home teaching is available. A PHYSICIAN'S NOTE requesting home teaching should be taken to the Health Office at Stokes School. A PHYSICIAN'S NOTE is required for the student to return to school.

First aid and first care for illness or injury that occur in school or on school grounds will be provided in school. First aid is immediate treatment only. Further care must be provided by the family or a physician.

Please do not send your child to the nurse for an opinion regarding an illness or injury. The members of the school health staff are not permitted to offer diagnosis, change dressings, or treat injuries other than to administer first aid.

These regulations have been established to protect the health and safety of all our school children.

HEALTH OFFICES: STOKES 520-2106
SPARKE 520-2129

MIDDLE SCHOOL 520-2164
HIGH SCHOOL 520-2148



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Island Trees Public Schools

Immunization Record

Student _____

Date of Birth _____

Disease	Dose #1	Dose #2	Dose #3	Dose #4	Dose #5
DPT, DT (Diphtheria, Pertussis, Tetanus Toxoid)					
Tdap					
Polio (OPV, IPV)					
MMR (Measles, Mumps & Rubella,)					
HIB (Haemophilus Influenza Type B)					
Hepatitis "B"					
Varicella (Chicken Pox)					
Other					

Physicians Signature _____

ISLAND TREES PUBLIC SCHOOLS

Medical/Athletic Physical

LAST NAME _____ FIRST _____ MALE/FEMALE _____ GRADE _____

DATE OF BIRTH _____ LAST TETANUS VACCINE _____

MEDICAL/SURGICAL HISTORY _____

MEDICATIONS _____

SPECIFY CURRENT CONDITIONS: ASTHMA _____ DIABETES 1 _____ DIABETES 2 _____
PREHYPERTENSION _____ HYPERTENSION _____ OTHER _____

ALLERGIES: _____ HEART RATE _____ HEIGHT _____ WEIGHT _____

BLOOD PRESSURE _____ DATE OF EXAM _____

REQUIRED BY NYS DEPT. OF HEALTH

BODY MASS INDEX: _____	WEIGHT STATUS CATEGORY (BMI PERCENTILE):
	Less than 5 th _____ 5 th thru 49 th _____ 50 th thru 84 th _____
	85 th thru 94 th _____ 95 th thru 98 th _____ 99 th and higher _____

Heart _____ Eyes _____ Ears _____ Lymph Nodes _____ Thyroid _____ Throat _____
Teeth _____ Lungs _____ Abdomen _____ Hernia _____ Genito-Urinary _____
Orthopedic _____ Skin _____ Nervous System _____ Speech _____ Scoliosis: Neg _____ Pos _____

This certifies that the above patient is physically qualified to participate in the following categories of competition during the school year. Please mark with an "X" all categories allowed.

- () CONTACT/COLLISION SPORTS (Football, Baseball, Basketball, Soccer, Wrestling, Lacrosse, Softball)
() ENDURANCE ACTIVITIES (Track, Cross Country, Volleyball)
() OTHERS (Bowling, Golf, Cheerleading, Kickline, Field Events)

Reason for disqualification _____

Referrals : _____

Add any information you feel might be helpful in understanding or planning for this child : _____

DATE : _____ PHYSICIAN'S SIGNATURE : _____
STAMP : _____

This exam complies with NYSED requirements and is valid for 12 months, with the exception of any illness or injury lasting more than five days that will require review by private physician or specialist.