



AMHERST CHRISTIAN ACADEMY

2625 TONAWANDA CREEK ROAD, AMHERST, NY 14228
PHONE: (716) 689-9944 FAX: (716) 564-0075

Please read the attached medical information sheets carefully.

- Medication Policy and Procedures
- Immunization & Physical Exam Requirements
- New York State Health Guidelines
- Illness Procedures

Remember, communication is the key to success.

Medication orders must be renewed annually or whenever there is a change in dosage or frequency.

These procedures are designed to protect the safety of all pupils. Medication sent to school that does not meet the above requirements will be kept in the Health Office and WILL NOT be administered. Parents will be notified to pick up this medication. Any unused medication will be disposed of if not picked up within a reasonable length of time.

If you have any questions about these requirements, please call Amherst Christian Academy 689-9944.

Williamsville Central School District School Nurse

Amherst Christian Academy

Medication Policies and Procedures

Dear Parents/Guardians:

The New York State Department of Education has established the following procedure by which medication may be administered in school:

“ALL MEDICATION, *INCLUDING NON-PRESCRIPTION DRUGS*, GIVEN IN SCHOOL SHALL BE PRESCRIBED BY A LICENSED PRESCRIBER ON AN INDIVIDUAL BASIS AS DETERMINED BY THE CHILD’S HEALTH STATUS.”

Medication Permission Forms are available in the Health Office or the information may be outlined by your child’s physician. Specific requirements for the administration of internal medication in school are as follows:

- 1) The school nurse must have a written request from the child’s physician that indicates the medical condition being treated and the length of time the medication is to be administered. In addition, the form must specify the name of the drug, the dosage, the frequency and time to be administered, the route, and the potential side effects.
- 2) The nurse must have a written request from the parent to administer medication as specified by the physician. A verbal or telephone request from the parent or physician is not acceptable.
- 3) Prescription Medication: Must be in the container prepared by the pharmacist and the label must include the name and strength of the medication. *(NOTE: The PHARMACY LABEL DOES NOT CONSTITUTE A WRITTEN ORDER and cannot be used in lieu of a written order from a licensed prescriber.)*
- 4) Non-Prescription Medication: Over the counter (OTC) medications must be in the sealed original manufacturer’s container with the student’s name affixed to the container. Medication delivered in baggies or plain containers are NOT acceptable.
- 5) All medication must be delivered directly to the nurse by the parent. **NO MEDICATION SHOULD BE SENT TO SCHOOL WITH THE CHILD. NO MEDICATION IS TO BE CARRIED ON THE BUS.**



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Immunization & Physical Exam Requirements For School Admission

Parents/Guardians:

All children attending school must be in compliance with New York State Laws regarding immunizations and Dear physical examinations.

Immunizations: Under Section 2164 of the New York State Public Health Law, all students must have certain immunizations PRIOR to the entrance to school. Written documentation of the following immunizations is required from your child's health care provider:

- Three or more doses of tetanus, pertussis, diphtheria toxoid (DtaP, DPT, TD, Tdap) and if born on or after 1/1/94 and enrolling in 6th grade, a booster of Tdap
- Three or more does of polio vaccine
- Two doses of live measles virus vaccine (commonly administered as component of MMR)
- One does of live mumps vaccine
- One dose of live rubella vaccine
- Complete Hepatitis B series
- For students born on or after and entering Kindergarten, Grades 1, 2, 3, & 4 and for students born on or after 1/1/94 and entering 6, 7, 8 & 9 & 10: one does of chickenpox vaccine (Varivax) OR written documentation from healthcare provider of disease history positive for chickenpox (Varicella).

Acceptable alternatives for fulfilling immunization requirements are blood test that indicate immunity or valid medical or religious exemption. These requirements MUST be met before your child enters school; otherwise, your child will be excluded from attending.

Physical Examinations are also required under New York State Education Law for all new entrants (including kindergarteners) as well as for all students in second, fourth, seventh and tenth grades. AS a new requirement, the physical examination must include the child's BMI (body mass index) and BMI percentile (weight status category) which your medical provider should include on the physical examination form. Your medical provider or you may wish to download a copy of the recommended physical examination form at: <http://www.schoolhealthservices.org/uploads/Health%20Appraisal%20Form%200307.pdf>

Dental Examination certificates, new under New York State Education Law, are required of all children entering kindergarten or first grade indicating that a comprehensive dental examination was complete.

Your cooperation in fulfilling these requirements is greatly appreciated. Please contact your school nurse if you have any questions.

105 Casey Road, PO. Box 5000, East Amherst, New York 14051-5000 Phone: (716) 626-8000, Fax: 626-8090
www.williamsvillek12.org

AMHERST CHRISTIAN ACADEMY, A MINISTRY OF CREEKSIDE ASSEMBLY OF GOD, SERVES THE COMMUNITY AS A CHRIST-CENTERED SCHOOL, COMMITTED TO PURSUING EXCELLENCE IN ACADEMICS AND CHARACTER. WE PROVIDE A LOVING, SAFE ENVIRONMENT TO DEVELOP SERVANT-LEADERS THROUGH RELEVANT STUDIES AND SERVICE OPPORTUNITIES.

The Health Office wishes to take this opportunity to acquaint you with the following policies:

Health Records

A list of *New York State* mandated immunization requirements is enclosed.

1. A recorded list of immunizations signed and verified by a physician. This is due before your child can begin classes.
2. A Current physical examination report signed by the child's physician must be submitted to the Health Office for all children in Kindergarten, Second, Fourth, Seventh, Tenth and to all New Entrants. A physical is good for one year from the date of the exam. It is also required that all students interested in sort/interscholastic teams to hand in proof of physical prior to the first day of practice.

(NOTE: You should retain a copy of your child's health and immunization reports for your records. These may be needed for extra-curricular programs: sports, camp, day care, etc.)

Medications

All medications, including non-prescription drugs (*e.g. Tylenol, Motrin, cough drops*), given in school must be prescribed by a licensed provider. This policy also applies to all school sponsored *field trips*. Medication permission forms are available in the Health Office or the information may be outlined by your child's physician and faxed to the school at 564-0075. *(See Medication Policy and Procedure for details.)*

Absences

If your child is absent, please notify the school office. A written note concerning the absence is required upon the child's return. This is a legal document retained for our files. An absence without a note is considered an illegal absence.

Physical Education

A note is required if an illness or injury prevents your child from participating in physical education. A parent's note is sufficient for a week or less. If your child needs longer restriction, a physician's note is required. When your child is excluded from physical education class, he/she is also excluded from any sport team and/or playground activity.

Sports

A physical is required for any student wishing to participate on interscholastic teams. Physical are due prior to the first practice. Sports physicals are good for one year from *date of exam*.

Screenings

Vision is checked in K, 1, 2, 3, 5, 7th and 10th grades.

Hearing is checked in K, 1, 3, 5, 7th and 10th grades. If you suspect a problem any child can be screened at any time.

Scoliosis screening: grades 5 thru 9.

The health office extends to you an invitation to call with any questions you may have throughout the school year. The health office is open during regular school hours.

Williamsville Central School District, Michele Hillebrand, R. N.



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When Your Child Is Ill

Children are most vulnerable to contracting diseases while in school because of the close contact they maintain. While we cannot prevent this from occurring, with your help we can implement some simple guidelines to help promote a healthy environment.

- 1) A child should remain home if he/she has vomited or experienced diarrhea within a 24 hour period.
- 2) A child should be fever free for 24 hours before returning to school. Temperature may indicate the onset of an illness.
- 3) If your child is coughing excessively, keep him/her home to prevent exposing other children.
- 4) Please teach your child the importance of correct hand washing as a means of preventing the spread of germs.
- 5) Please remind your child of the correct use and disposal of tissues, and covering one's mouth when coughing also prevents germs from circulating.

Communication is a two-way street. Please report any contagious diseases your child has been diagnosed to have (*e.g. strep throat, chicken pox, pink eye, etc.*). The more we know, the better prepared we are to keep your child on the road to good health. When necessary, notices containing information regarding communicable diseases will be coming home. Save these for future references. If you have any questions, contact the school nurse at 689-9944.

All kindergarten and newly enrolled students must have completed immunization records submitted to the Health Office prior to the start of the school year.

School emergency/medical awareness sheets will be distributed shortly after school begins and are to be returned within one week. These forms need to be updated yearly and whenever changes occur.

Other Recommendations: _____

Name of Licensed Prescriber and Title (Please Print): _____

Prescriber's Signature: _____ Date: _____

Address: _____

Phone: _____



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Parent and Prescriber's Authorization for Administration of Medications in School

A. To be completed by the parent or guardian:

I request that my child _____ grade _____ receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse will administer the medication or an adult will supervise my child taking his/her own medication:

Signature (Parent of Guardian): _____

Address: _____

Telephone: Home: _____ Work: _____ Date: _____

B. To be completed by the licensed health care prescriber:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication(S): _____

Prescribed Dosage, Frequency and Route of Administration: _____

Time to be taken during School Hours: _____

Duration of Treatment: _____

Possible Side Effects and Adverse Reactions (If any): _____

Student's Name: _____ Grade: _____

A comprehensive dental examination was performed on the above- named student.

Dental work completed: _____

Under treatment: _____

No further treatment necessary: _____

Date: _____

Dentist's address and phone: _____

Dentist's printed name and signature: _____

New York State Education Department requires proof of a comprehensive dental exam upon entrance to the school district. The school district strongly recommends a full dental examination upon entrance or in grades K, 2, 4, 7, 10.

It is required that this form be completed and submitted to the school nurse within 30 days of the entrance to school.

If you need assistance in locating dental services, there is a list on the reverse side of this form that may be helpful to you. Dental services offered by these providers are either free or reduced, and accept most insurances, including Medicaid. Please address your specific concerns with the providers prior to your appointment. If you would like additional information or assistance in finding a dentist, the contact information for the Eighth Dental Society is also listed.

Thank you for your cooperation.

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Emergency contact (if parent is unavailable): _____

Address: _____
Street City State Zip

Home Phone() _____ Work Phone() _____ Fax() _____

Person responsible for charges (if different from Parent/Guardian): _____

Address: _____
Street City State Zip

Home Phone() _____ Work Phone() _____ Fax() _____

Insurance Carrier: _____ I.D.# _____

Address: _____
Street City State Zip

Home Phone() _____ Work Phone() _____ Fax() _____

Signature of Parent/Guardian: _____

Date: _____

Signature also verifies that I have reported to the coach and School Nurse any injuries of illness since my child's sports physical.

Sports Registration Form

Student's Name _____ Grade _____

As the parent/legal guardian of _____, I request in my absence the above-named player to be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment for the above minor. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above player.

Date of Players Birth: $\frac{\quad}{Month} / \frac{\quad}{Day} / \frac{\quad}{Year}$ Date of last Tetanus Booster: $\frac{\quad}{Month} / \frac{\quad}{Day} / \frac{\quad}{Year}$

Known Allergies of this player (including any allergies to medicine): _____

Any other medical problems which should be noted: _____

Current Medications: _____

Family Physician: _____ Phone: () _____

Parent/Guardian: _____

Address: _____
Street *City* *State* *Zip*

Home Phone () _____ Work Phone() _____ Fax() _____



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Authorization for Self-Administration of Medication at School and After-School Activities

A. To be completed by the licensed healthcare provider:

(Student's name): _____ has been instructed in the
proper use of the following medication(s): _____

IN MY PROFESSIONAL OPINION, THIS STUDENT SHOULD BE ALLOWED TO CARRY AND
USE THE ABOVE MEDICATION(S) BY HIM/HERSELF.

(Licensed Prescriber's Signature)

(Date)

B. To be completed by parent or guardian:

I request that my child _____ be permitted to carry the above prescribed
medication(s) on his/her person or to keep that above prescribed medication(s) in his/her locker or PE
locker, as I consider him/her responsible. The student has been instructed and understands the purpose,
appropriate method, frequency and use of his/her medication. The student understands that he/she is
responsible and accountable for carrying and using his/her medication. It is understood that if there is
irresponsible behavior or a safety risk, the privilege of carrying his/her medication will be rescinded.

(Parent/Guardian Signature)

(Date)

The licensed prescriber's statement and parent request are accepted. The student will be permitted to carry
and use the prescribed medication. The parent will be contacted as soon as possible in the event of
irresponsible behavior or safety risk.

(School Nurse Signature)

(Date)

NOTE: This form must be completed *in addition* to the parent and prescriber's authorization form for
administration of medication in school.

Date form received in health office: _____