

# LIVONIA

## Central School District

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P.O. Box E  
Livonia, NY 14487-0489  
www.livoniacsd.org

Matthew Cole, *Superintendent of Schools*  
mcole2@livoniacsd.org  
(585) 346-4000, ext. 4000  
Fax: (585) 346-6145

Dear Parents/Guardians:

### **The New York State requirements for physical exams for students are as follows:**

Each new student, within thirty days of his or her entrance into school, must submit to the school a report of a physical exam. Also, within 30 days of starting Pre-K or K, 1st, 3rd, 5th, 7th, 9th, and 11th grades, a report must be submitted. This report of a physical exam (Health Certificate / Appraisal Form) must be completed and signed by a New York State licensed physician, physician assistant, or nurse practitioner. The date of the physical exam is not to be more than twelve months prior to the beginning of the school year in which the examination is required.

A notice will be sent to the parents or guardians of any student who does not provide the school with the report of physical exam (Health Certificate / Appraisal Form). If the report is not turned in within 30 days of that notice, the school physician will examine your child at the school.

### **Immunizations:**

Your child is also required by NYS Public Health Law, Section 2164, to provide a certificate of immunization from a physician that proves your child has all the required immunizations for his/her age or that the child is in the process of receiving the required immunizations. Your child will not be permitted to attend school without the necessary certification. Attached is the list of required immunizations for entry.

### **Dental Health:**

A law was recently enacted that expands health screenings to include the dental health of students in New York State. Though not required to be included as part of the physical exam, we see the value in this new health endeavor. A sample certificate is available for you to take to your child's dentist, once completed; it will also be filed in your child's Health Cumulative Record.

### **\*NOTE regarding school sports physicals:**

Students participating in school sports need to have had a physical exam within 12 months prior to the start of the sport season. **Until the school has received a report of the physical exam, the student will not be permitted to participate in the sport.**

Thank you for your cooperation and assistance. Our students benefit when we work together to promote the health and achievement of all students. Please contact your child's school nurse/health office with any questions or concerns.

Sincerely,

Lori Allen RN -- Elementary School (ext. 5003) (fax: 346-4038)  
Debbie Sanderson RN -- Middle School (ext. 2003) (fax: 346-4053)  
Judy Hennekey RN --Senior High School (ext. 1018) (fax: 346-4059)

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Dear Parent / Guardian:

Welcome to Livonia School District. **We ask that all medical paperwork is completed and returned to your child's school nurse prior to your child's first day of school.** Below is some important information regarding the distribution of medication here at school. Please familiarize yourself with this and don't hesitate to call your school nurse should you have questions or concerns.

The school recognizes that there are occasions when it is necessary for a student to take medication prescribed by his/her private physician during hours that school is in session. We are happy to cooperate with your physician in giving your child necessary medication. However, the Education Law requires that specific procedures be followed when medication is administered in school. **(This includes all over the counter medications such as Advil, Tylenol, cold medicine and ointments.)** The procedure is as follows:

1. The school nurse must have a **written order** from your child's physician. Written orders for prescription and nonprescription medications should minimally include:
  - a. Student's name and date of birth
  - b. Name of medication
  - c. Dosage and route of administration
  - d. Frequency and time of administration
  - e. For prn (as necessary) medications, conditions under which medication should be administered
  - f. Date written
  - g. Prescriber's name, title, signature and phone number
2. The school nurse must have a **written request** on file from the parent to administer the medication, a verbal or telephone request from the parent cannot be accepted.
3. Medication orders must be renewed annually or when there is a change in medication or dosage. The pharmacy label **does not** constitute a written order and **cannot** be used in lieu of a written order from a licensed prescriber.
4. The medication should be delivered to the nurse, by the parent, in the original prescription bottle. Over the counter medication must come in the original, unopened container/package with the student's name affixed to the container. All medication will be kept in the school nurse's office. No medication should be sent to the school nurse with the child. **The only exception** would be if the student has an order, on file in the nurse's office, from their physician that they may self-administer and self-carry their asthma inhaler or their epi-pen due to the **severity** of the allergy. The temptation to share medication or the possibility that medication may be lost and fall into the hand of another student is a real danger.
5. Parents should report to the school nurse immediately if there has been a change in the course of treatment or in medication. A doctor order should also be sent to the school nurse with such change.

Thank you for your cooperation in the care of your child!

Sincerely,

Lori Allen RN -- Elementary School (ext. 5003) (fax: 346-4038)  
Debbie Sanderson RN -- Middle School (ext. 2003) (fax: 346-4053)

## LIVONIA CENTRAL SCHOOL DISTRICT

### SCHOOL SCREENING OVERVIEW

The district’s School Health Services program supports your student’s academic success by promoting health in the school setting. One way that we provide care for your student is by performing the health screenings as mandated by the State of New York.

During the school year, the following screenings will be required by your child’s physician or will be completed at school:

**You will only be notified of any abnormal results at the time of your child’s screening**

	New Entrant	Pre K	K	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12
<b>Scoliosis Screening</b>								X girls		X girls		X boys			
<b>Vision Screening</b>	X	X	X	X		X		X		X				X	
<b>Hearing Screening</b>	X	X	X	X		X		X		X				X	

All New Entrants to the District will receive the Vision and Hearing Screening Only

### HEALTH EXAMINATION REQUIREMENTS

A physical examination including Body Mass Index and Weight Status Category Information is required for all newly entering students and students in Pre-Kindergarten or Kindergarten, Grades 2, 4, 7 and 10.

**\*\*Any student in a school sport, grades 7-12, and the required grades as indicated below, need to have an updated physical, done by your physician, on file in the nurse’s office**

	New Entrant	Pre K	K	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12
<b>Health Examination (Physical)</b>	X	X	X	X		X		X		X		X		X	
<b>Dental Certificate (Requested But Not Required)</b>	X	X	X		X		X			X			X		

**If you have any questions or concerns, please contact your child’s school nurse at (585) 346-4000**

<b>Lori Allen, RN</b>	<b>Elementary School</b>	<b>Extension 5003</b>
<b>Debbie Sanderson, RN</b>	<b>Middle School</b>	<b>Extension 2003</b>
<b>Judy Hennekey, RN</b>	<b>High School</b>	<b>Extension 1018</b>

