

**WARWICK VALLEY CENTRAL SCHOOL DISTRICT
ANNUAL PHYSICAL EXAMINATION AND MEDICATIONS**

MEDICATIONS

According to New York State Law, school nurses administering medications to students during the school day must follow strict guidelines:

1. School nurses must have a written order signed by a doctor. The order must contain the following information:
 - 1) Medication name
 - 2) Dosage
 - 3) Possible side effects
 - 4) Reason for giving the medicine
 - 5) Time to be given
 - 6) Number of days to give medicine
2. Medication must be brought in by a parent in the original container. **Children (K-12) must not bring medicine to school on their own.**
3. The parent/guardian must also submit a written request to the school nurse to give the medicine as directed.
4. Medication will be destroyed **7 days** after the final dosage is required unless it is picked up by the parent within this period.

ANNUAL PHYSICAL EXAMINATION AND SCREENINGS

New York State Education Law requires pupils in Grades Kindergarten 1, 3, 5, 7, 9, and 11, as well as all new entrants, to have a physical examination. Special Education students are examined on a triennial basis. Vision, hearing and scoliosis screening will be performed according to the New York State guidelines.

Physical exams for school sports are valid for 1 year.

If you choose to have your child examined by your health care provider, please submit the completed medical form to your child's school health office by **October 1st**.

If this form is not returned to the school by October 1st or 15 days after registration, the school reserves the right to request that the school practitioner conduct a medical appraisal of your child.

----- **DETACH HERE** -----

COMPLETE AND RETURN THIS SECTION TO THE SCHOOL NURSE

_____ I will have my child examined by my own health care provider for SCOLIOSIS

_____ I will have my child examined by my own health care provide for ANNUAL EXAM

_____ The examination has been scheduled for the following date: ____/____/____

_____ I would like my child to be examined by the school physician

Student Name _____ Grade _____ Teacher _____

Parent/Guardian Signature _____ Date _____

Work Phone _____ Cell Phone _____

HS MS PES SES