

Student Health Update

Au Sable Valley Central School District/ACAP Head Start

DATE _____

Student's Name _____

Grade/Teacher _____

ATTENDANCE INFORMATION: You must call the Main Office each time your child is absent. Please call Au Sable Forks Elementary at 518-647-5503 if your child attends Au Sable Forks Pre K. Please call Keeseville Elementary at 518-834-2839 if your child attends Keeseville Pre-K. You will be called at home or your workplace if your child is absent from school unless you have called the Main Office.

HEALTH HISTORY: Please list history of related conditions and dates to update your child's health record. Examples would be seizures, surgeries, allergies, asthma, diet intolerance, diabetes, chicken pox, etc. Please do not assume we have all health problems noted on your child's health record. Please inform the Health Office of any changes during the school year.

MEDICATION: Is your child currently taking any medication at school or home? If so, please list medications, dose, times, and the reason your child is taking medication.

PHYSICALS: All Pre K students must have had a physical examination within the past year prior to attending the Pre K program. Please provide a copy of the Required NYS School Health Examination Form completed by your health care provider.

Physicals are mandated for all new students: Pre-K; Kindergarten; and grades 1,3,5,7,9,11. Please check yes or no below:

___ YES, I give the school physician permission to examine my child.

___ NO, I will have my private physician provide the exam. I understand that I must submit a copy of the physical report to the Health Office or the school physician will perform a physical.

School nursing personnel will conduct screenings on students unless the health care provider has included this information on the physical form. Screenings will include weight, height, blood pressure, pulse, scoliosis, vision and hearing. The results will be recorded in the child's cumulative health record.

HIPPA LAW: Due to recent changes in confidentiality laws, it is difficult to exchange needed information with Health Care providers. For this reason, we would ask that you complete and sign the release below. Information requested may include, but not limited to, immunization records, physical forms, medication authorization, and restriction or release or activity information. Your physician may also request that you sign a similar release.

I consent to have my child's medical information (medical and psychological) information released to the school or the school may provide information to my health care provider. I also understand the final disposition of an emergency case, the judgement of the school authorities will prevail. Anytime this information must be changed, I will notify the nurse in writing.

Parent/Guardian Signature _____

Date _____