

**NORTH SHORE HEBREW ACADEMY HIGH SCHOOL**

**GREAT NECK PUBLIC SCHOOLS**

**Health Services**

**REQUIRED FOR ALL STUDENTS -- YEARLY**

**# 109 – Confidential Health Concerns Waiver**

**EMERGENCY CONTACT FORM**

**REQUIRED FORMS FOR ALL NEW ENTRANTS (9<sup>th</sup> grade & all transfer students)**

**#100 Health History**

**#102A Physical Exam form**

**#105 Dental**

**# 109 Confidential Health Concerns Waiver**

**# 200 Immunization form**

**EMERGENCY CONTACT FORM**

**REQUIRED FORMS FOR ALL 11<sup>TH</sup> GRADE STUDENTS**

**# 102A Physical Exam**

**# 105 Dental**

**# 109 Confidential Health Concerns Waiver**

**# 200 Immunization form**

**REQUIRED FORMS FOR ATHLETES**

**# 102A Physical Exam form**

**# 104 B SPORT FORM (FALL SPORT SEASON & SPRING SPORT SEASON) – all “yes” answers require explanations.**

**# 200 Immunization Form**

## MEDICATION IN SCHOOL

#300 NYS Guidelines for Administration of Medication

# 302 PHYSICIAN ORDER – PARENT AUTHORIZATION FOR MEDICATION

# 304 PROVIDER AND PARENT PERMISSIONS FORM (physician + parent)

APPROPRIATE ACTION PLAN (ASTHMA, ALLERGY/IES) where applicable –to be completed by the physician and parent

## ALLERGY MANAGEMENT

- ALLERGIST FORM – completed by physician
- EMERGENCY ACTION PLAN (physician + parent)
- PROVIDER AND PARENT PERMISSIONS FORM (physician + parent)
- PHYSICIAN’S ORDERS AND PARENTAL CONSENT FORM

## CONCUSSION

### Concussion forms

- Physician Evaluation – (2 visit document)—both evaluations must be submitted
- Acute Concussion Care Plan – addresses academic modifications + physical activity restrictions
- Concussion Checklist, and Concussion Facts for Parents and Students)

## DIABETIC CARE MANAGEMENT IN SCHOOL

- Please submit a Diabetic Care Management Plan from your son/daughter’s physician. This management plan requires the physician to complete, sign, date, and stamp all forms.
- Physician and Parent to complete, sign, and date the appropriate Medication in School forms (noted above)