

Sidney Central School District – Jr.–Sr. High School
95 West Main Street, Sidney, New York 13838

Date: July 27, 2020

To: The Parent/Guardians of our UPK-5th Grade students

From: Alicia Jones, Sidney Elementary Nurse

Re: Health Requirements for September 2020

Below is a list of required health items that your child will need depending on what grade they are entering in September. They should have physicals and vaccines completed by the first day of school. Please send in all necessary documentation to the elementary school as soon as possible via: fax, email-scan, mail-in or hand delivered.

Grade Level	Requirements
UPK	<ul style="list-style-type: none"> • Physical Exam no older than Sep. 5, 2019 • Hearing Screening: performed at school if not documented on their physical exam • Vision Screening: performed at school if not documented on their physical exam • Color Perception
K	<p>If new to district (not advancing from Sidney School District's UPK program) Physical Exam no older than Sep. 5, 2019</p> <ul style="list-style-type: none"> • Hearing Screening: performed at school if not documented on their physical exam • Vision Screening: performed at school if not documented on their physical exam • Color Perception • Vaccines: all required series, especially the Varicella #2 and MMR #2 if your child has not yet had them.
1	<ul style="list-style-type: none"> • Physical Exam no older than Sep. 5, 2019 • Hearing Screening: performed at school if not documented on their physical exam • Vision Screening: performed at school if not documented on their physical exam
2	No requirements but an annual physical exam is recommended.
3	<ul style="list-style-type: none"> • Physical Exam no older than Sep. 5, 2019 • Hearing Screening: performed at school if not documented on their physical exam • Vision Screening: performed at school if not documented on their physical exam
4	No requirements but an annual physical exam is recommended.
5	<ul style="list-style-type: none"> • Physical Exam no older than Sep. 5, 2019 • Hearing Screening: performed at school if not documented on their physical exam • Vision Screening: performed at school if not documented on their physical exam • Scoliosis Screening: Girls only, performed at school (exposing their upper body only, while wearing a bra/bikini top only) if not documented on their physical exam.
6	<ul style="list-style-type: none"> • Vaccine: Tetanus, Diphtheria toxoid-containing and Pertussis booster (Tdap) by the age of 11.
New or Returning Transfer Students	<ul style="list-style-type: none"> • Documents: Immunization Record with all vaccines per New York State requirements (see back), Birth Certificate, Health History form, physical exam (from a New York state medical provider) • Screenings: Hearing, Vision, and Color Perception- if not already documented on their physical exam.

Continued, please turn over...

Item	Requirements
Medication	For any daily or as needed medications, they must have: <ul style="list-style-type: none"> • Medical Provider order, including designation if they are independent • Consent in writing from parent/guardian: allowing nursing staff to give medicine, for other staff to assist or that your child is independent to carry and administer their own medicine. • Medication: in the original, labeled container
Emergency Medications	Such as: inhalers, Epinephrine auto-injectors, Glucagon injections and Anti-seizure medication. <ul style="list-style-type: none"> • If your child has a life-threatening condition please make sure we have the above medication requirements so we can assist your child in case of an emergency. • Emergency medications, in general, are the only medications that a student should be given authorization to carry with them during the school day because delay of administration can put them at further risk for danger.

Required Immunizations for School

Vaccines	Grade: UPK	Grades: K – 5 th	Grades: 6-11	Grade: 12
Diphtheria, Tetanus toxoid and Pertussis vaccine (DTaP/DTP/Tdap/Td)	4 Doses	*5 doses or *4 doses if the 4th dose was received at 4 years or older or *3 doses if 7 years or older and the series was started at 1 year or older	3 Doses	3 Doses
Tetanus, Diphtheria toxoid and Pertussis vaccine booster (Tdap)			1 Dose	1 Dose
Polio vaccine (IPV/OPV)	3 Doses	*4 doses or *3 doses if the 3rd dose was received at 4 years or older	*4 doses or *3 doses if the 3rd dose was received at 4 years or older	3 Doses
Measles, Mumps and Rubella vaccine (MMR)	1 Doses	2 Doses	2 Doses	2 Doses
Hepatitis B vaccine	3 Doses	3 Doses	*3 doses or *2 doses of adult hepatitis B vaccine Ask school nurse for details	*3 doses or *2 doses of adult hepatitis B vaccine Ask school nurse for details
Varicella (Chickenpox) vaccine	1 Dose	2 Doses	2 Doses	1 Dose
Meningococcal conjugate vaccine (MenACWY)			1 Dose	2 Doses or 1 Dose if received at age 16 or older
Haemophilus influenzae type b conjugate vaccine (Hib)	1 – 4 Doses			
Pneumococcal Conjugate vaccine (PCV)	1 – 4 Doses			

RB NYS DOH 7/15/2020

Alicia Jones, RN

Sidney Elementary School Nurse

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