



Edgemont School District
Greenville School
Seely Place School
Scarsdale, New York 10583

Jennifer Allen, Principal

Eve Feuerstein, Principal

Dear Parents and Guardians of our Greenville and Seely Place Students,

Welcome to Edgemont! We are thrilled that you are joining our community and we look forward to getting to know your children and you over the years to come!

Attached you will find a packet of required medical forms to fill out as well as information about our Health Office practices and requirements. Please read everything thoroughly and contact our school nurses if you have any questions.

We would like to stress a particularly important piece of information which is that **students must be completely up-to-date with all required immunizations prior to the first day of school or they will not be permitted to attend class.** This packet contains a chart with a required immunizations; please consult with your pediatrician to confirm that all have been administered. We are all eager to meet all of our new students on the first day of school so we strongly encourage you to ensure that all of your child's immunizations are current so that he/she can get off to a great start!

In addition, all students must have a current medical exam completed within the first two weeks of school. We encourage you to have this done prior to the start of school in order to ensure that there is no disruption to your child's school attendance.

We hope that your transition to Edgemont is a smooth one and wish you all the best in your years with us.

Sincerely,

Jennifer Allen

Jennifer Allen
Greenville School Principal

Eve Feuerstein

Eve Feuerstein
Seely Place School Principal

**Edgemont School District
Greenville and Seely Place Elementary Schools
New Student Welcome Packet
Health Office**

Hello families,

Welcome to Edgemont School District. We are very excited for you to join our community! Please read the following information to ensure that your child's transition will be a smooth one.

If you are transferring to Edgemont from **within** New York State, we ask that you submit a copy of your child's current Health Appraisal (physical exam) and immunization record. This must be from within the last year. All immunizations must be up to date before the start of school. New York State requires all students to be immunized before they attend school. The only exceptions are students with medical or religious exemptions. Please note, if you are unable to provide this information, then your child will be excluded from school.

All out of state incoming students will need to have a completed Health Appraisal (physical exam) administered by a New York State physician within 2 weeks from the start of school. If you are out of the country, you will be granted a 30 day grace period from the start of school to complete this process.

A dental examination is required during the school year.

Forms are located on the "Greenville" and "Seely" school website. Look under "departments" and then under "health office". You will need to print out "incoming student packet". You will only need to fill out the "Emergency Health Forms" if your child has a severe food or insect allergy.

Our school physician is Dr. Eric Small who is located at 220 North Central Avenue, Hartsdale 914-666-7900. Please call our office for a list of other physicians in the area.

If you have any medical concerns or issues, please speak with the Health Office before your child starts school.

We have attached a copy of our Health Office policy for your review.

Greenville Health Office phone is 914-472-7764. Greenville fax number 914-472-3161. Seely Place Health Office phone is 914-472-8040. Seely fax number 914-472-3512. Our office hours are from 8:15am -3:45pm Monday through Friday. We can also be reached by email if there are any questions and/or concerns.

Thank you very much.

The Greenville and Seely Place School Nurses

Edgemont Union Free School District
Scarsdale, New York 10583

Elementary School Health Office Policy
Greenville Health Office 914-472-7764
Aine O'Sullivan, RN aosullivan@edgemont.org

Seely Place School 914-472-8040
Gail Krone, RN gkrone@edgemont.org

In order to best care for your children, we ask that you follow the reminders we have listed below:

1. Please call or email the Health Office by 8:45 am if your child is going to be absent or late. If you know of any absence in advance, please notify the teacher **and** the Health Office.
2. Please have your child stay at home if he/she is not feeling well. If he/she goes to school, his/her condition may worsen and his/her illness may spread to others. A child may return to school after all symptoms are gone and he/she is diarrhea/vomit/fever free for 24 hours. Please report to our office any confirmed diagnosis of any contagious illness such as strep throat, conjunctivitis, fifth disease, flu, etc.. Also please report any case of head lice.
3. Please keep all medical information up to date.
4. Physical exams (health appraisals) are required every year. All students must have a current health appraisal on file from a New York State physician. All immunizations that are required by New York State must be given prior to entrance to school.
5. New York State has regulations for the administration of medication in school. The following steps should be taken if your child is in need of any medication, including over the counter medication during the school day.
 - a. We must have on file a written request signed by you and your physician.
 - b. All medication must be delivered to the Health Office by the parent.
 - c. The medication must be in the original container, as it is received from the pharmacist. Over the counter medication must be in the original container and be labeled with the name of the child and description of the dosage.
 - d. The medication must be kept in the Health Office.
6. If a student needs to be excused from PE and/or recess, they must submit a note from their doctor explaining why and for how long. A note will be required to return to PE after injury.
7. Vision and hearing tests are done throughout the school year. If you should notice a problem, please call us. Teachers will also bring any concerns they have to our attention.
8. Please remember to notify us when there is a change in your emergency or work telephone numbers.
9. Keep in close contact with the school if there are any significant changes in your home.

Thank you for your cooperation.



Edgemont School District
 Greenville School
 Seely Place School
 Scarsdale, New York 1058

MEDICATION AUTHORIZATION FORM

Individualized Orders for: _____ D.O.B.: _____

Allergies: _____

1. Standard Over-the-Counter/PRN Medications: The following medications are the only ones available in the Health Office. For any other medications, see below. These medications will be administered at the discretion of the RN only if signed approval is indicated by BOTH the student's physician and PARENT.

Drug Name	Route	Dosage	Schedule and Indications	Comments
Tylenol tablets (acetaminophen)	po		Q___ Hr. for:	
Advil tablets (ibuprofen)	po		Q___ Hr. for:	
Throat Lozenges	po		Q___ Hr. for:	
Benadryl capsules (diphenhydramine hydrochloride)	po		Q___ Hr. for:	

2. PRESCRIPTION and any other Over-the-Counter Medications: Please complete with patient's current regimen for both scheduled and PRN medications.

All medications must be provided directly to the nurse by a responsible adult in the original container with your student's name on it.

Drug Name	Route	Dosage	Schedule and Indications	Comments

Physician Signature: _____
 License Number: _____

Date: _____
 Phone: _____

**** I authorize the school RN to dispense the medication prescribed by the above physician.**

Parent Signature: _____ Date: _____

**Edgemont School District
Greenville and Seely Place Elementary Schools
Health Office
Dental Form**

Name of student: _____

Address: _____

Grade: _____

Please have this form completed by your family dentist at the time of your child's dental examination.

_____ Patient has been examined and requires no treatment at this time.

_____ Patient is under dental treatment at this time.

_____ Patient has completed all dental treatment.

Additional Remarks

Date: _____

Dentist's Signature: _____