

High School Principal  
Tammy M. Casey  
ext. 4005

Middle School Principal  
Theresa M. Lindsay  
ext. 4017



High School Counselor  
Constance J. Hammaker  
ext. 4018

Middle School Counselor  
Lynn M. Gosling  
ext. 4020

## *Lake Placid Middle/High School*

34 School Street  
Lake Placid, New York 12946-1500  
518-523-2474 Fax 518-523-2896  
[www.lpcsd.org](http://www.lpcsd.org)

Dear Parent/Guardian,

Enclosed is our registration packet. In it, you will find the following documents to be completed and returned:

- Registration form (2 pages)
- Request for records from previous school
- Residency enrollment questionnaire
- Physical exam for school health records (to be completed by your child's doctor and returned prior to starting school)

In addition, please submit the following documents along with the above:

- Birth certificate
- Record of required immunizations
- Proof of residency – must be current and show *your name and physical address*.

Examples:

- Utility or other bill
- Current lease or proof of home ownership
- Pay stub
- Income tax form
- Documents issued by federal, state, or local agencies (such as a social service agency)
- Any custody agreements, orders of protection, or other legal documentation regarding your child's care and welfare (if applicable)

If you have any questions, please feel free to contact our office at (518) 523-2474 x. 4022 or email [acash@lpcsd.org](mailto:acash@lpcsd.org).

Amanda Cash  
Lake Placid Middle/High School Guidance Office

## Lake Placid Central School Registration

Date \_\_\_\_\_

### **Student Personal Data:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

SSN \_\_\_\_\_ Place of Birth \_\_\_\_\_

Ethnic Background \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White

Student's Physical Address (not a PO Box) \_\_\_\_\_

Student's Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ (this # will be used for the One Call System (snow days, notifications, etc.)

### **Family Information:**

**Parent/Guardian Name #1** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Phone Number (please check one) \_\_\_ home \_\_\_ cell \_\_\_ work \_\_\_\_\_

Phone Number (please check one) \_\_\_ home \_\_\_ cell \_\_\_ work \_\_\_\_\_

Physical Address (not a PO Box) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email Address \_\_\_\_\_

**Parent/Guardian Name #2** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Phone Number (please check one) \_\_\_ home \_\_\_ cell \_\_\_ work \_\_\_\_\_

Phone Number (please check one) \_\_\_ home \_\_\_ cell \_\_\_ work \_\_\_\_\_

Physical Address (not a PO Box) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email Address \_\_\_\_\_

**Currently Living With (please check):** \_\_\_ both parents \_\_\_ mother only \_\_\_ father only \_\_\_ guardian

**Person(s) to call in an emergency (in addition to parent/guardian):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Siblings:**

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

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**Office Use Only:**

Proof of residency \_\_\_\_\_ Student ID \_\_\_\_\_

Birth Certificate \_\_\_\_\_ Enrollment Date \_\_\_\_\_

# REQUEST FOR SCHOOL RECORDS

LAKE PLACID CENTRAL SCHOOL  
34 SCHOOL STREET  
LAKE PLACID, NY 12946  
PHONE: (518) 523-2474 FAX: (518) 523-2191

DATE REQUESTED \_\_\_\_\_  
LAST SCHOOL ATTENDED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY STATE ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_  
FAX # \_\_\_\_\_

## RECORDS REQUESTED

Permanent Student Record  
 Grades  Birth Cert.  
 Attendance Data  
 Special Education Data (Including IEP & Psycho-Educational Information)  
 Immunizations & Physical Dates  
 Other

NAME OF STUDENT	GRADE	DATE OF BIRTH
1. _____	_____	____/____/____
2. _____	_____	____/____/____
3. _____	_____	____/____/____
4. _____	_____	____/____/____

**Please send records to:** Lake Placid Middle/High School  
Attn: Amanda Cash  
34 School Street  
Lake Placid, NY 12946  
[acash@lpcsd.org](mailto:acash@lpcsd.org)  
Fax: (518) 523-2191

*Parent/legal guardian/legal custodian's signature is preferred, but the Family Educational Rights and Privacy Act of 1974 states that parental signatures are not required for transfer of records between schools.*

**Parent/Legal Guardian/Legal Custodian's Signature**

\_\_\_\_\_

# Lake Placid Central School

## Enrollment Form - Residency Questionnaire

Name of Student (Last, First, M.I.): \_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month, Day, Year

Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (please describe): \_\_\_\_\_
- In permanent housing

\_\_\_\_\_  
**Print name** of parent, guardian, or student  
(for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of parent, guardian, or student  
(for unaccompanied homeless youth)

\_\_\_\_\_  
**Date**

## INSTRUCTIONS FOR COMPLETING THE ENROLLMENT FORM— RESIDENCY QUESTIONNAIRE

### Purpose of the Enrollment Form – Residency Questionnaire

All LEAs are required to identify students experiencing homelessness. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. SED encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Model Enrollment Form – Residency Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Residency Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form – Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

### Who should fill out the Enrollment Form – Residency Questionnaire?

A Enrollment Form – Residency Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool – 12. Preschool includes any LEA program for 3-5 year olds, such as pre-K, Head Start, or Even Start. The Form-Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

### Confidentiality

**Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met.** To this end, LEAs may share a student's completed Enrollment Form – Residency Questionnaire with LEA personnel such as:

1. The LEA liaison,
2. The registrar,
3. The student's teachers and/or guidance counselor, and
4. The LEA staff member responsible for reporting data to SED.

**However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.**

Other than the above uses, housing information **should be kept confidential** and generally **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Enrollment Form – Residency Questionnaires and housing information from becoming a part of a student's permanent record.

### Discussing the Enrollment Form – Residency Questionnaire with Students and Families

In reviewing the Enrollment Form – Residency Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and

6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that his/her child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status. Contacting a landlord or building superintendent may be a violation of FERPA, a federal law, and may put the family at risk of losing its housing. If the student is living in a doubled up situation, it may also lead to loss of housing for the primary tenants.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Enrollment Form – Residency Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Enrollment Form – Residency Questionnaire, the LEA should note on the form the decline.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot contact a landlord or building superintendent to verify a student's housing status.** (See above for more information.)

Definitions of Temporary Housing Arrangements

*"With another family or other person (also referred to as 'doubled-up')"*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or similar reason.

*"Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

*"In permanent housing"*

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next steps for LEAs with Students Living in Temporary Housing Arrangements

**If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form.** If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: [www.serve.org/nche/downloads/briefs/det\\_elig.pdf](http://www.serve.org/nche/downloads/briefs/det_elig.pdf)

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

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## Lake Placid Middle/High School

34 School Street  
Lake Placid, New York 12946-1500  
518-523-2474 Fax 518-523-2896  
www.lpcsd.org

August 2020

Dear Parents and Guardians:

New York State Education Law and Regulations of the Commissioner of Education requires physical examinations of children when they enter the school district for the first time, are in grades Pre-K, K, 1,3,5,7,9, and 11, participate in interscholastic sports, are referred by/to the Committee on Special Education, or are deemed necessary by school authorities to determine a child's education program.

Physical examinations are performed by the school physician or designee. Physicals done by the school physicians at school facilities are done at no cost to the student. Physicals may be performed by your primary health provider at your expense with a report submitted to the school on the form enclosed which is required by NYS. If you do **NOT** wish for your child to receive a physical exam at school, please notify the Health Office in writing. When a report of a child's examination is submitted from a primary health provider, "it must be signed by a duly licensed physician who is authorized to practice medicine in New York State or by a Nurse Practitioner or Physician's Assistant working in collaboration with the Physician."

School exams are conducted beginning in September and periodically throughout the school year. Sports physicals for 6<sup>th</sup> graders wishing to participate in a sport in the fall of their 7<sup>th</sup> grade year will be done in June of the 6<sup>th</sup> grade year.

### MEDICATIONS IN SCHOOL

Under certain circumstances, when it is necessary for a student to take medication during school hours, the nurse may cooperate with the family physician and parents. In such cases, the nurse must have on file a written order from a duly licensed physician and written parental permission to administer the medication. The request must state the name of the medication and the frequency and dosage of the medication. **ALL medications, including non-prescriptions drugs such as Tylenol or Ibuprofen etc., given in school must be prescribed by a licensed prescriber on an individual basis. Permission forms are enclosed and must be completed by both the physician and the parent prior to the administration of medication by the school nurse.** If your child has been prescribed an inhaler for asthma or asthma related illness, he/she may carry it with them, but must have a "self-medication release form" signed by both the physician and the parent.

**In accordance with New York State law, you are required to submit new permission forms, enclosed, for any medication each year. Forms completed prior to the start of the school year may be mailed directly to the school.**

All medication sent into the school must be sent in a container labeled by the Pharmacist and/or in the original bottle (i.e. Tylenol). When you are prescribed medication, ask the pharmacist to supply a separate container to send into school. They are very willing to provide this service.

### IMMUNIZATIONS

**Important: On 6/13/19, NYS eliminated the religious exemption from vaccinations for school attendance. Information is available on the NYS Department of Health website at: <https://www.health.ny.gov/prevention/immunization/schools/>.**

(see reverse side)



# LAKE PLACID MIDDLE HIGH SCHOOL

## REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

### STUDENT INFORMATION

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

### HEALTH HISTORY

<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type:      Date of last seizure: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

**Risk Factors for Diabetes or Pre-Diabetes:** Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI \_\_\_\_\_ kg/m<sup>2</sup>

**Percentile (Weight Status Category):**  <5<sup>th</sup>     5<sup>th</sup>-49<sup>th</sup>     50<sup>th</sup>-84<sup>th</sup>     85<sup>th</sup>-94<sup>th</sup>     95<sup>th</sup>-98<sup>th</sup>     99<sup>th</sup> and >

**Hyperlipidemia:**  No     Yes     Not Done

**Hypertension:**  No     Yes     Not Done

### PHYSICAL EXAMINATION/ASSESSMENT

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Laboratory Testing</th> <th style="width: 10%;">Positive</th> <th style="width: 10%;">Negative</th> <th style="width: 10%;">Date</th> </tr> </thead> <tbody> <tr> <td>TB- PRN</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Sickle Cell Screen-PRN</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>			Laboratory Testing	Positive	Negative	Date	TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		<b>List Other Pertinent Medical Concerns</b> (e.g. concussion, mental health, one functioning organ)	
Laboratory Testing	Positive	Negative	Date													
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>														
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>														
<b>Lead Level Required Grades Pre- K &amp; K</b> <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ $\mu\text{g}/\text{dL}$			<b>Date</b>													
<input type="checkbox"/> <b>System Review and Abnormal Findings Listed Below</b>																
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech												
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional												
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal												
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list)      ICD-10 Code*													
<input type="checkbox"/> Additional Information Attached			*Required only for students with an IEP receiving Medicaid													

Name:	DOB:
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**SCREENINGS**

Vision (w/correction if prescribed)	Right	Left	Referral	Not Done
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity	20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>
Notes				
<b>Hearing</b> Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				<b>Not Done</b>
Pure Tone Screening	<b>Right</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Left</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Referral</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Notes				
<b>Scoliosis</b> Screen Boys in grade 9, and Girls in grades 5 & 7	<b>Negative</b> <input type="checkbox"/>	<b>Positive</b> <input type="checkbox"/>	<b>Referral</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Not Done</b> <input type="checkbox"/>

**RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK**

- Student may participate in all activities without restrictions.
- Student is restricted from participation in:
  - Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
  - Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
  - Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
  - Other Restrictions:**

**Developmental Stage for Athletic Placement Process ONLY required** for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

**Tanner Stage:**  I  II  III  IV  V      Age of First Menses (if applicable) : \_\_\_\_\_

**Other Accommodations\*:** (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. \*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

**MEDICATIONS**

**Order Form for Medication(s) Needed at School Attached**

**IMMUNIZATIONS**

Record Attached                       Reported in NYSIIS

**HEALTH CARE PROVIDER**

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone:

Fax:

Date:
Stamp:

**Please return this form to Cora Clark when entirely completed.**

Lake Placid Middle High School  
**Permission to Administer Multiple Medications**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher/HR: \_\_\_\_\_ School: \_\_\_\_\_

**To Be Completed By Health Care Provider**

Diagnoses \_\_\_\_\_

Medication Name	Dose	Route	Time	<input checked="" type="checkbox"/> applicable boxes below
				<input type="checkbox"/> AM _____ <input type="checkbox"/> Bus <input type="checkbox"/> FT <input type="checkbox"/> SSA <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry
				<input type="checkbox"/> AM _____ <input type="checkbox"/> Bus <input type="checkbox"/> FT <input type="checkbox"/> SSA <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry
				<input type="checkbox"/> AM _____ <input type="checkbox"/> Bus <input type="checkbox"/> FT <input type="checkbox"/> SSA <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry

**Prescriber please use codes below for each medication ordered:**

<b>AM</b>	Nurse may administer missed morning dose indicated after verbal or written notification from parent. Please advise parent to send in additional medication
<b>Bus</b>	Medication must be available on bus
<b>FT</b>	Medication is needed on field trips
<b>SSA</b>	Medication is needed school sponsored extra-curricular activities
<b>Self-Directed</b>	I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently.
<b>Self-Administer/Self-Carry</b>	I have determined this student is consistent and responsible in taking their own medications (Self-Directed) and in addition, give them permission to self- carry and self-administer this medication. They will be considered independent in medication delivery and need intervention only during emergencies.

**Name and Title of Licensed Prescriber (Please Print)** \_\_\_\_\_

**Prescriber's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

**To Be Completed By Parent**

I give permission for the above medication to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Self-Administer/Self Carry**

Parent permission and provider consent is required for students to self-administer and self-carry medication. Students with this designation are considered independent in taking their medication at school and require no supervision by the nurse. Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Schools may revoke the self-carry/ self-administer privilege if the student proves to be irresponsible or incapable. To request this option please sign below:

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

School Nurse: Cora Clark School Lake Placid MHS

Phone: 518-523-2474 ext. 4007 Fax: 518-523-2896 Email cclark@lpcsd.org