

**HARBORFIELDS
CENTRAL SCHOOL DISTRICT**

**Health Services
Information
Bulletin**



2024-2025 School Year

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The Harborfields Central School District, in compliance with federal and state statutes and regulations does not unlawfully discriminate on the basis of race, color, national origin, religion, age, sex, sexual orientation, marital status or disabilities. This statement of nondiscrimination includes policies, practices, activities, educational programs, placement, or employment.

Dear Parents/Guardians:

Welcome to Harborfields Central School District. This booklet is designed to serve as a resource guide to provide information regarding our health services program.

The health office at each school is furnished with bathroom facilities, hearing, and vision screening equipment, in addition to supplies needed to apply first aid. The health professionals are not permitted to provide medical or dental care. However, please feel free to contact the school's health team if there is information regarding your child's health that needs to be communicated.

The health professionals can be contacted at the following phone numbers or e-mail addresses:

WASHINGTON DRIVE PRIMARY SCHOOL

Nurse: Patricia Haddock, RN
Phone: 631-754-5592 Ext. 2225
Email: haddockp@harborfieldscsd.org

THOMAS J. LAHEY ELEMENTARY SCHOOL

Nurse: Jenny Mancuso, RN
Phone: 631-754-5400 Ext. 3405
Email: mancusojl@harborfieldscsd.org

OLDFIELD MIDDLE SCHOOL

Nurse: Christine DePaolis, RN
Phone: 631-754-5310 Ext. 4347
Email: depaolisc@harborfieldscsd.org

HARBORFIELDS HIGH SCHOOL

Nurse: Lisa Hering, RN
Phone: 631-754-5360 Ext. 5367
Email: heringl@harborfieldscsd.org

We look forward to meeting with you to ensure that your child experiences a happy, healthy, and productive school year.

ATTENDANCE

While we hope that all children strive to attend school every day, there are situations when it is best for your child to remain at home.

The following symptoms indicate that your child should remain at home. Once these symptoms are no longer evident or if the child has received medical attention, the child may return to school. If these symptoms reoccur upon your child's return to school, you will be contacted by the school nurse.

1. Temperature elevation (over 100.0 degrees F)
2. Runny nose, sneezing cough
3. Upset stomach
4. Headache
5. Appearance of a rash on any part of the body
6. Earache
7. Toothache
8. Head lice in hair
9. Pain or limitation of movement from injury
10. Vomiting

If your child has a fever, please keep them home until they are fever free for 24 hours without any fever reducing medication given. If your child has vomited at home or has been sent home after vomiting at school, please keep them home for 24 hours after their last vomiting episode. Your child should be able to eat a full meal without any stomach upset before returning to school.

The following approaches to each day will promote your child's optimum health; adequate sleep and exercise, proper clothing, starting each day with a nutritious breakfast, and scheduling regular medical and dental exams.

If a student's absence from school exceeds five (5) days, home instruction may be recommended. In order for home instruction to be assigned, a written request from the parent and the child's physician is required, which should be forwarded to the main office at the primary or elementary schools, and to the guidance office at the secondary schools.

New York State Education law considers the following reasons as legal absences from school:

1. sickness
2. death in the family
3. impassable roads due to inclement weather
4. quarantine
5. religious observance
6. court appearance
7. remedial health program or treatment
8. medical appointment
9. college interviews or visits

If your child is absent from school, the attendance office should be called. The parent/guardian will be contacted if it is determined that the student is absent without notification. Upon returning to school, all children must submit a signed note from the parent/guardian indicating the dates and reason for absence.

ATTENDANCE (Continued)

If the child needs to be excused from class for a doctor or dentist appointment or for any reason, a written request must be submitted. The parent/guardian will need to sign the proper forms located in the main office or nurse's office prior to taking the student from school. However, it is strongly recommended that regular doctor or dentist appointments be scheduled outside of school hours to ensure that your child's education is not interrupted.

New York State law requires that all students participate in physical education. A note from the parent/guardian may excuse a child for up to two class periods. A written note from the physician must include a statement of limitations, including the use of crutches, wheelchair, or use of an elevator, which should be presented to the nurse and the physical education teacher upon their return to school following an injury or surgery.

Please call the appropriate attendance office when reporting your child absent from school:

ATTENDANCE OFFICE TELEPHONE NUMBERS	
Washington Drive Primary School	754-5592 Ext. 2591
Thomas J. Lahey Elementary School	754-5400 Ext.3407
Oldfield Middle School	754-5310 Ext. 4316
Harborfields High School	754-5360 Ext.5402

MEDICATIONS

According to New York State Education Law, no one in school, including the school physician, can diagnose, prescribe for, or treat any condition or illness. If it is necessary for a child to receive any medication during school hours (including any “over the counter” medicine), the following procedures must be followed:

1. Parent/guardian must come to school and administer the medication at the appointed time, or
2. A written request from the parent for medication to be given in school, and
3. A written signed order from the child’s physician prescribing the medication and stating:
 - a. name of medication
 - b. dosage and route
 - c. time to be administered
 - d. side effects to be observed, and
4. The medication must be in the original container, properly labeled, and must be supplied to the health office by the parent/guardian.

A parent or an adult that the parent designates must bring all medication to school for the health office. No medications should be sent in a student’s backpack or sent on the bus in any form with your child.

If medication is needed only three times a day, it is possible to time the doses to avoid the necessity of having it administered in school. Forms are available in the school health office which will help you in complying with the procedures regarding medication administration.

PHYSICAL EXAMINATIONS

New York State Education Law requires that each child receive a physical examination upon entry to school for kindergarten, first, third, fifth, seventh, ninth, and eleventh grades, and yearly if receiving special education services.

The exam is best performed by your family physician who knows your child. If this exam is not possible, or is not performed by October 5, the examination will be conducted in school by the school physician. A form is provided by the school to be completed by your own physician if he/she performs the examination. This form should be returned to the school within fifteen days of the beginning of the school year. State law indicates that physicals will be accepted if conducted within a 12-month period.

When any condition is found which needs further attention, the parents will be notified in writing and a form will be provided to be filled out by the family doctor. The school physician may not treat any condition or illness in school.

It is recommended that you notify the school health office of any change in your child's health status so that we can adjust the education program to your child's needs.

SCREENINGS

At some time during the school year, your child will visit the health office to have his/her hearing and vision tested by the school nurse. This is purely a screening procedure and is not diagnostic. If there appears to be a hearing or visual problem, your child will be retested. At that time, if necessary, a notice will be sent home informing you of our findings and advising that the student be seen by a professional examiner.

Many times, a teacher or parent will be the first to notice that a child seems to be having hearing or visual difficulties, and it is encouraged that the child be referred to the school nurse, even if the child has already been tested. Prompt attention to these matters can result in prevention of significant hearing or visual loss and improvement in the student's educational growth.

Every year, your child is measured for height and weight. A record of your child's growth will be maintained to determine if your child is maturing normally. Of course, not all children in a given class will be the same height and weight. This is natural – what we look for is that each child individually adds inches and pounds to their own body build. If any significant lack of normal growth appears, or abnormal overgrowth, the parent/guardian will be contacted.

It is important for children and parents to realize that excessive weight is detrimental to physical health. In addition, an overweight child often finds it hard to keep up with the social and physical activities of his/her classmates. Any child who wishes, can have his/her weight charted each week on an individual graph and receive nutrition information and counseling. The school physician may refer a child who is overweight because of its significance to the child's overall health.

If your child is on a special diet for any health reason, the school will be more than willing to cooperate with you to guide your child's food choices when eating at school.

Effective in 1982, New York State Law requires an annual school screening for all students between eight and sixteen years of age to identify children with possible curvature of the spine (scoliosis). The chances of a child having scoliosis are very small, but we have a responsibility to screen for such conditions. If the screening identifies that your child is a risk for scoliosis, you may be contacted by the school nurse.

***See the chart on the next page.**



New York State Center for School Health
Supporting Student Success Through Health and Education



NYS and NYC Screening & Health Exam Requirements														
	New Entrant	Pre K or K*	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
HEARING SCREENING:														
Pure Tone	X	X	X		X		X		X				X	
SCOLIOSIS SCREENING														
Boys											X			
Girls							X		X					
VISION SCREENING														
Color Perception	X													
	X													
Fusion		X	X											
Near Vision	X	X	X		X		X		X				X	
	X	X	X		X		X							
Distance Acuity	X	X	X		X		X		X				X	
	X	X	X		X		X							
Hyperopia	X													

*Determine if your Kindergarten or Pre K students are your district's new entrants.

Health Examination Overview														
	New Entrant	Pre K or K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Health Examination**	X	X	X		X		X		X		X		X	
	X													
Dental Certificate	X	X	X		X		X		X		X		X	

**Health Examinations may be either a Health Appraisal (health exam performed by the School Medical Director) or Health Certificate (health exam performed by the student's primary medical provider). They must be dated no more than 12 months prior to the start of the school year in which they are required, or the date of entrance to the school for new entrants.

This sample resource was created by the New York State Center for School Health and is located at www.schoolhealthny.com in the Laws | Guidelines | Memos - Effective July 2018

IMMUNIZATIONS

New York State Public Health Law, Section 2164 requires that schools will not permit a child to attend school unless the parent/guardian provides the school with a certificate of immunization or proof from a physician, nurse practitioner or physician's assistant that the child is in the process of receiving the required immunization. In this regard, a parent/guardian must furnish the school with either A or B as below:

- A. A certificate of immunization (prepared by a physician or other authorized person who administers the immunizing agents), specifying the products administered and dates of administration which shows that the child has received the following required immunizations:

***See the full NYS Immunization Requirements for School Entrance/Attendance on the following two pages.**

- B. A certificate from a physician licensed to practice medicine in this state that one or more of the required immunizations may be detrimental to the child's health. This certificate must specify which immunizations may be detrimental and the reason why.

***This form can be found in the following pages.**

In the absence of any of the above, the Harborfields Central School District will accept an immunization transfer card or a transcript of your child's cumulative health record from the school previously attended demonstrating the New York State requirements have been met. For disease history of measles and/or mumps, documentation by a physician is required.

A current, though not necessarily complete immunization record, must be submitted as part of the registration process. Your child's completed and updated record can be submitted along with the mandated physical examination for all new entrants within fifteen days of the student's entry. **Your child's immunization record must be in the school office before your child enters the classroom on the opening day of school in September.**

For information regarding new legislation taking effect on June 13, 2019 on Immunizations, please refer to the following web link: https://www.health.ny.gov/prevention/immunization/schools/school_vaccines/

2024-25 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the “ACIP-Recommended Child and Adolescent Immunization Schedule.” Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	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
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) ³		Not applicable		1 dose
Polio vaccine (IPV/OPV) ⁴	3 doses		4 doses or 3 doses if the 3rd dose was received at 4 years or older	
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose		2 doses	
Hepatitis B vaccine ⁶	3 doses		3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (Chickenpox) vaccine ⁷	1 dose		2 doses	
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses			Not applicable
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses			Not applicable

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
 - c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 10: 10 years; minimum age for grades 11 and 12: 7 years).
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2024-25, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 10; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 11 and 12.
 - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward New York State school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - d. Rubella: At least one dose is required for all grades (pre-kindergarten through 12).
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 11: 10 years; minimum age for grade 12: 6 weeks).
 - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
 - f. For further information, refer to the [CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age](#).
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. PCV is not required for children 5 years or older.
 - f. For further information, refer to the [CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age](#).

For further information, contact:

**New York State Department of Health
Division of Vaccine Excellence
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
School Compliance Unit, Bureau of Immunization
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**

New York State Department of Health/Division of Vaccine Excellence
health.ny.gov/immunization

Immunization Requirements for School Attendance Medical Exemption Statement for Children 0-18 Years of Age

NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE

Instructions:

1. Complete information (name, DOB etc.).
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends, if applicable.
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

-
1. Patient's Name _____
 2. Patient's Date of Birth _____
 3. Patient's Address _____
 4. Name of Educational Institution _____
-

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>.

Please indicate which vaccine(s) the medical exemption is referring to:

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Haemophilus Influenzae type b (Hib) | <input type="checkbox"/> Measles, Mumps, and Rubella (MMR) |
| <input type="checkbox"/> Polio (IPV or OPV) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B (Hep B) | <input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV) |
| <input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap) | <input type="checkbox"/> Meningococcal Vaccine (MenACWY) |

Please describe the patient's contraindication(s)/precaution(s) here: _____

Date exemption ends (if applicable) _____

A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) _____ NYS Medical License # _____

Address _____

_____ Telephone _____

Signature _____ Date _____

For Institution Use ONLY: Medical Exemption Status Accepted Not Accepted Date: _____

COMMUNICABLE DISEASE

Childhood is a time when, despite the immunizations available, children are subject to many communicable illnesses. The following list may help to alert you to such possibilities and indicates a period when a child should be excluded from attending school. Consultation with your pediatrician or family physician for any of these conditions is strongly advised.

DISEASE AND PERIOD OF EXCLUSION FROM SCHOOL	
Acute Conjunctivitis	Drainage from eye(s) subsides and, for bacterial infections, treatment with antibiotic drops started for past 24 hours.
Chicken Pox	Until recovery, all scabs are dry; usually 7-10 days
Elevated Temperature	Until 24 hours after temperature returns to normal
Herpes Zoster (Shingles)	Avoid contact with others until all lesions are crusted
Impetigo/Ringworm	Infected area should be covered to avoid spread and treatment with antibacterial/ antifungal cream started after physician's diagnosis
Mononucleosis	Return to school once fever resolves and liver function is normal, with written physician's permission including any activity restrictions
Pediculosis (Lice)	Student may return to school following one full treatment with medicated shampoo and use of fine tooth comb for nit removal. Student must be driven to school and cleared by the school nurse prior to returning to classroom.
Strep Throat (including scarlet fever)	Student should not return to school until a minimum of 24 hours of antibiotic therapy completed and fever below 100.0 for past 24 hours.
Whooping Cough	Student restricted from associating with children or attending school until one week of antibiotic therapy completed and one week after last characteristic cough has subsided. Permission secured by family physician before returning to school.

Children with acute conjunctivitis, impetigo, colds, scabies, lice, or ringworm may be excluded from school until, in the opinion of the school nurse or family physician, there is no longer a danger of transmitting disease to others.

