# 2015 NYSSSA STUDENT HEALTH ASSESSMENT

## PARENT/STUDENT CHECKLIST

**THE ENCLOSED STUDENT HEALTH ASSESSMENT FORM MUST BE FULLY COMPLETED FOR PARTICIPATION IN THE NYSSSA SUMMER PROGRAM.**

**Please make sure you or your child's health care provider carefully reviews the items listed below and that each item is checked off on the Health Assessment Form before you send them back to us**. It is vital that this information is complete. Incomplete forms will cause a delay in processing and will be returned to you. Students will not be permitted to register without a fully completed health form on file with the NYSSSA Albany Office prior to registration. All health care personal information will remain confidential and will only be shared with staff necessary to ensure the student's health and safety.

**Part 1**: **Health Insurance Information**: Please provide the health insurance information for your child.

**Part 1:** **Parent signatures**: Please print **your name**, **your child's nam**e and **sign on the bottom** of the page in the presence of a Notary Public. (a Notary Public can be found at any bank and will witness your signature free of charge or for a small fee).

**Part 2**: Please have all **medications** and **medical conditions** printed legibly.

**Part 2:** **Meningitis vaccination**: – Please fill in the date your child received this vaccination. If your child has **NOT** been vaccinated, please sign the waiver on the line provided. If your child is scheduled for this vaccination at a later date, you must still sign the waiver indicating the child is not vaccinated at the current time. This information can be updated after the vaccination occurs.

**Part 2**: **TB Screening**: - Your child's health care provider should check off Part **A & B** if applicable. If your child's health care provider **cannot answer "NO" to questions A & B**, then further screening is necessary. Part C - TB Test – MUST BE within 6 months of the start of the program.

**Part 2**: **Dr's Signature**: Please have your health care provider sign the bottom of the health form to verify that he/she has reviewed your child's health in respect to all the health questions contained on the NYSSSA Student Health Assessment form

**Part 3**: **Over the Counter Medication Order**: Please have your health care provider fully complete and sign the bottom of the order. In accordance with New York State Education and Department of Health Law, **students will not be permitted to self-administer over the counter medications** without this Order on File.

**Part 1, 2 and 3** PLEASE MAKE A COPY OF THE COMPLETED FORM FOR YOUR PERSONAL FILES BEFORE YOU MAIL THE ORIGINAL COPY TO US. Completed copies can be faxed to 518-473-0770, but we **MUST have the original completed copy in the NYSSSA office at least one week before the start of the program.**