North Shore Youth Council

Post Office Box 1286, Rocky Point, New York 11778
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Medical & Allergy Forms
Parent/Guardian Instructions for NSYC School Age Child Care Programs

The health and safety of every child in our before and/or after school care programs is our top priority. New York State Office of Children and Family Services (OCFS) regulations require specific medical documentation for children who need medication or have diagnosed special health care needs or allergies while participating in child care programs.

Please read the instructions below carefully before completing your child's paperwork. Incomplete forms may delay your child's ability to participate in the program.

Important: NSYC Requires Its Own Medical Forms & Medications

Because our School Age Child Care programs operate before and after the regular school day, NSYC staff do not have access to medications or medical paperwork that may be kept with your child's school nurse. NSYC requires a separate set of forms and medications for our child care programs. Any required medications and accompanying paperwork must be received by the NSYC Main Office and reviewed/approved before your child starts the program.

Which Forms Does My Child Need?

Use the chart below to determine which forms are required based on your child's medication or medical needs.

Your Child Requires...	**Forms Required**
EpiPen only (no Benadryl)	7002, 7006 & 6029
EpiPen AND Benadryl	7002 twice – one for each medication, 7006 & 6029
Albuterol inhaler	7002 & 7006
Benadryl only	7002 & 7006
Diagnosed allergy prescribed/confirmed by a healthcare provider	7006 & 6029
Special health care need requiring medication	7002 & 7006, plus any additional form required for the specific condition
Allergy observed by parent/guardian but NOT diagnosed by a healthcare provider	See "Undiagnosed Allergies" below

If I listed an allergy during registration, but my child has NOT been diagnosed by a healthcare provider:

If a parent/guardian has observed a possible allergy and listed it on the child's registration paperwork, but the allergy has not been diagnosed by a healthcare provider, please provide a written statement to the NSYC Child Care Program Director explaining that the allergy is parent/guardian-observed and has not been medically diagnosed. This written statement can be emailed to jennifer@nsyc.com or faxed to 631-744-3565. If a written statement is not provided, the appropriate medical forms will be required.

Medication Requirements

All medications brought to NSYC must meet the following requirements:

Prescription medications must:

- Remain in their original pharmacy container.
- Have the prescription medication label attached.
- Match the medication information authorized on the required paperwork.
- Be submitted to the NSYC Main Office for review before your child begins the program.

All medications and medical paperwork must:

- Be placed together in a labeled Ziploc bag provided by the parent/guardian.
- Be clearly labeled with the child's name.
- Be submitted to the NSYC Main Office for review prior to your child's first day.

Do not send required medications directly to the program site without first completing the required review process.

Check medication expiration dates! Parents/guardians are responsible for making sure all medications remain current and usable throughout the school year. If medication expires during the school year, it is the parent/guardian's responsibility to immediately provide a new, unexpired medication to NSYC. Your child will not be permitted to return to the program until the required replacement medication has been received. Please monitor expiration dates throughout the school year rather than waiting for NSYC to notify you.

Thank you for helping us maintain a safe and healthy environment for your child and for ensuring that all required medical documentation and medications are current and complete.

Incomplete paperwork or expired/missing medication may prevent your child from participating in the program until the requirements have been satisfied.

If you have questions about which forms are required for your child, please contact the NSYC Main Office at 631-744-0207 or email jennifer@nsyc.com before submitting your paperwork.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

MEDICATION CONSENT FORM

CHILD DAY CARE PROGRAMS

PARENT COMPLETE THIS SECTION (#19 - #23)

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? *(For example, did the licensed authorized prescriber write 12pm?)* ☐ Yes ☐ N/A ☐ No

Write the specific time(s) the child day care program is to administer the medication *(i.e.: 12 pm)*: _____

20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to *(child's name)*:

21. Parent's Name *(please print)*:	22. Date Authorized: / /

23. Parent's Signature:

X

CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)

24. Program Name:	25. Facility ID Number:	26. Program Telephone Number:

27. I have verified that (#1 - #23) and if applicable,(#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Staff's Name *(please print)*:	29. Date Received from Parent: / /

30. Staff Signature:

X

ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)

31. I, parent, request that the medication indicated on this consent form be discontinued on / / (Date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent Signature:

X

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date you are ordering the change in the administration of the prescription to take place.

DATE: / /

By completing this section, the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

35. Licensed Authorized Prescriber's Signature:

X

NEW YORK STATE
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INDIVIDUAL HEALTH CARE PLAN FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS

You may use this form or an approved equivalent to document an individual health care plan developed for a child with special health care needs.

A child with a special health care need means a child who has a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.

Working in collaboration with the child's parent and child's health care provider, the program has developed the following health care plan to meet the individual needs of:

CHILD NAME:	CHILD DATE OF BIRTH: / /
NAME OF THE CHILD'S HEALTH CARE PROVIDER:	☐ Physician ☐ Physician Assistant ☐ Nurse Practitioner

Describe the special health care needs of this child and the plan of care as identified by the parent and the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment.

Identify the caregiver(s) who will provide care to this child with special health care needs:

Caregiver's Name	Credentials or Professional License Information (if applicable)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY PLAN

Instructions:

- This form is to be completed for any child with a known allergy.
- The child care program must work with the parent(s)/guardian(s) and the child's health care provider to develop written instructions outlining what the child is allergic to and the prevention strategies and steps that must be taken if the child is exposed to a known allergen or is showing symptoms of exposure.
- This plan must be reviewed upon admission, annually thereafter, and anytime there are staff or volunteer changes, and/or anytime information regarding the child's allergy or treatment changes. This document must be attached to the child's Individual Health Care Plan.
- Add additional sheets if additional documentation or instruction is necessary.

Child's Name: Date of Plan: / /

Date of Birth: / / Current Weight: lbs.

Asthma: ☐ Yes (higher risk for reaction) ☐ No

My child is reactive to the following allergens:

Allergen:	**Type of Exposure:** ***(i.e., air/skin contact/ingestion, etc.):***	**Symptoms include but are not limited to:** ***(check all that apply)***
		☐ Shortness of breath, wheezing, or coughing ☐ Pale or bluish skin, faintness, weak pulse, dizziness ☐ Tight or hoarse throat, trouble breathing or swallowing ☐ Significant swelling of the tongue or lips ☐ Many hives over the body, widespread redness ☐ Vomiting, diarrhea ☐ Behavioral changes and inconsolable crying ☐ Other (specify)
		☐ Shortness of breath, wheezing, or coughing ☐ Pale or bluish skin, faintness, weak pulse, dizziness ☐ Tight or hoarse throat, trouble breathing or swallowing ☐ Significant swelling of the tongue or lips ☐ Many hives over the body, widespread redness ☐ Vomiting, diarrhea ☐ Behavioral changes and inconsolable crying ☐ Other (specify)
		☐ Shortness of breath, wheezing, or coughing ☐ Pale or bluish skin, faintness, weak pulse, dizziness ☐ Tight or hoarse throat, trouble breathing or swallowing ☐ Significant swelling of the tongue or lips ☐ Many hives over the body, widespread redness ☐ Vomiting, diarrhea ☐ Behavioral changes and inconsolable crying ☐ Other (specify)

If my child was LIKELY exposed to an allergen, for ANY symptoms:

☐ give epinephrine immediately

If my child was DEFINITELY exposed to an allergen, even if no symptoms are present:

☐ give epinephrine immediately

STRATEGIES TO REDUCE THE RISK OF EXPOSURE TO ALLERGIC TRIGGERS

The following strategies will be taken by the child care program to minimize the risk of exposure to any allergens while the above-named child is in care (add additional sheets if needed):

Document plan here:

EMERGENCY CONTACTS – CALL 911	
Ambulance: ( ) -	
Child's Health Care Provider:	Phone #: ( ) -
Parent/Guardian:	Phone #: ( ) -
CHILD'S EMERGENCY CONTACTS	
Name/Relationship:	Phone#: ( ) -
Name/Relationship:	Phone#: ( ) -
Name/Relationship:	Phone#: ( ) -

Parent/Guardian Authorization Signature:	Date: / /
Physician/HCP Authorization Signature:	Date: / /
Program Authorization Signature:	Date: / /