

Summer Programs 2019 Medical Forms for Minors

Please be advised that Sarah Lawrence College requires all sections, 1-10, of this form be completed and required supporting documents be submitted. Failure to do so by the stated deadline will result in the inability to attend the program and no refund will be issued. All forms and materials must be submitted by **June 1st, 2019**.

Note that the first ten sections of the form are in regards to physical health. Addendum C is regarding mental health. This section is optional but is highly recommended to be completed so we may best prepare and address any situations that may arise while the student is on campus.

All forms and materials must be in English or for records in another language, an official translation must also be included.

Forms can be printed and completed and then scanned and uploaded to the Status Page at <https://apply.slc.edu/apply/status>.

Parents/legal guardians will be notified if any emergency situations arise with their student.

Please contact 914-395-2205 or summer@sarahlawrence.edu should you have questions.

2019 MEDICAL FORMS

SECTION 1: STUDENT INFORMATION

Name	
Date of Birth	
Legal Sex	
Cell Phone	

SECTION 2: PARENT/GUARDIAN INFORMATION

Name(s)	
Email Address	
Mailing Address	
Home Phone	
Work Phone	
Cell Phone	

SECTION 3: EMERGENCY CONTACT INFORMATION

Name	
Relationship to student	
Home Phone	
Work Phone	
Cell Phone	

SECTION 4: HEALTH INSURANCE

Insurance Company Name	
Company Phone Number	
Policyholder's Name	
Policy Number	
Group Number	
Policyholder's Address	

Required: Check box to indicate a copy of the insurance card is attached.

SECTION 5: HEALTH HISTORY

Condition	Yes	No	Details – Necessary Medication/Treatment
Allergies			
Anxiety			
Asthma			
ADHD			
Convulsions, seizures			
Dental Problems			
Depression			
Diabetes			
Dietary concerns			
Ear/Nose/Throat Problems			
Eating Disorders			

Head Injury/Concussions			
Headaches/Migraines			
Heart Condition			
Menstrual Problems			
Muscular/Skeletal Problems			
Urinary or Bowel Problems			
Vision Problems			
Other			

Please list any additional health history concerns/comments including information about the student's physical, emotional, or mental health that Sarah Lawrence College Summer Programs should be aware of:

SECTION 6: SELF-ADMINISTERED MEDICATIONS

Drug Name	Rx or OTC?	Route	Dosage	Schedule

SECTION 7: SLC ADMINISTERED MEDICATIONS

The following over-the-counter medications are available from SLC and will be administered at the discretion of the Nurse Practitioner and only with parental permission.

Please place an 'X' in the last column any medications that you do not wish your child to receive. Please comment if your child requires an alternative dosage.

Drug	Route	Dosage	Schedule	Indications	Comments	Do Not Administer
Ibuprofen (e.g. Advil, Motrin)	Oral tablet	200mg tablet, 1-2 tablets	Every 4-6 hours	Pain, fever, cold symptoms, toothache, muscle aches		
Acetaminophen (e.g. Tylenol)	Oral tablets	325 mg tablet, 1-2 tablets	Every 4-6 hours	Pain, fever, cold symptoms, toothache, muscle aches		
Phenylephrine Cold Tab	Oral tablet	1-2 tablets	Every 4-6 hours	Cold symptoms, fever, nasal congestion		
Robitussin	Oral liquid	1-2 teaspoons	Every 4-6 hours	Coughs		
Cough drops and Lozenges	Oral Lozenges	1-2 lozenges	As needed	Coughs, sore throats		
Diphenhydramine (e.g. Benadryl)	Oral capsule/liquid	25-50 mg	Every 4-6 hours	Insect bites, allergies, respiratory allergies		
Claritin (Loratadine)	Oral tablet	10 mg	1 daily	Allergy symptoms		
Antacid (e.g. Mylanta, Tums)	PO (pills or liquid)	15 ml or 2 tablets	Every 4-6 hours	Gas, heartburn, indigestion, stomach upset		
Dulcolax tablet	Oral tablet	1 tablet	At bedtime	Constipation		
Ivy Block and Tecnu	Topical (cream)	Local application	Apply 1-2 times per day	Contact with poison ivy		
Calamine and Hydrocortisone lotion	Topical solution	Local application	Apply 1-2 times per day	Insect Bites, rash, skin irritation		
H.Peroxide /Betadine	Cleansing solutions	Local wash	Apply 1-2 times per day	open wounds- blisters, cuts scrapes, splinters		
Bacitracin	Topical (ointment)	Local application	Apply 1-2 times per day	Open wounds- blisters, cuts, scrapes ,splinters		

Antifungal Cream/Spray	Topical (cream or spray)	Local application	Apply 1-2 times per day	Athletes foot, jock itch, heat rash		
Cooling Gel and Aloe (2% Lidocaine)	Topical (cream or gel)	Local application	Apply 2-4 times per day	Burns, sunburn		
Muscle Rub (Ben Gay)	Topical (cream)	Local application	Apply 1- 2 times per day	Minor muscle strains or pains		
Orajell, Anbesol Abreva	Topical cream or gel	Local application	Apply 2-4 times per day	Oral lesions, cold sores, toothache		
Medicaine	Topical (liquid)	1 swab	Apply once	Insect stings		
Visine	Optical (liquid)	1-2 drops	Every 6 hours	Eye strain, eye irritation		

SECTION 8: PHYSICAL EXAMINATION OR MEDICAL CLEARANCE

Please indicate which of the following forms are attached.

- A copy of a physical exam signed by a physician and conducted within the last twelve months
- A copy of a physical exam performed by school within the last twelve months
- A signed medical clearance form from a healthcare provider (see Addendum A)

SECTION 9: IMMUNIZATION RECORDS

Immunizations are required by New York State Health Department. Students must have all immunizations required by the New York State Health Department for their age and are required to provide a copy of their immunization records. Sarah Lawrence College Summer Programs requires all students to have the same New York State immunization requirements for school entrance/attendance. A complete list of those immunization requirements is attached at the end of this document. See Addendum D.

Students cannot participate in a program without the dates of the immunizations being filled in completely. Writing “up to date” is not acceptable. Photocopies of physician, health department or school immunization records are acceptable.

Please indicate which of the following is attached.

- A copy of a physician’s office current immunization records
- A copy of the health department’s current immunization records
- A copy of the school’s current immunization records
- Immunization Exemption documentation. See Addendum B.

SECTION 10: PARENT/GUARDIAN CONSENT

Sarah Lawrence College will make every effort to notify the student's parent/guardian prior to administering any treatment but there are sometimes medical situations that require prompt response. Please review the medical treatment consent statements below and sign to provide consent.

I hereby grant permission to Sarah Lawrence College Summer Program's Nurse Practitioner to treat my child/dependent in the event of medical illness or injury, including the administration of the medications listed in Section 7 of this form.

I also authorize treatment of my child/dependent at a local urgent care facility or Lawrence Hospital and other appropriate local hospitals and emergency rooms as needed should a situation require immediate medical attention.

Signature of parent/guardian

Date

ADDENDUM A – Medical Clearance Form, use if copy of physical exam is not able to be provided

Name _____ . Gender _____ DOB ___/___/___

BP _____ . P _____ . R _____ . Ht _____ . Wt _____ . Corrected vision R ___/___ . L ___/___

Allergies _____

Medications. _____

Currently under treatment

for: _____

My patient _____ . DOB _____ has undergone a physical examination on ___/___/___ and found to be in good health and is able to participate in a residential academic program.

_____ .

Signature of Healthcare Provider

Date

Address _____

Phone _____

STAMP:

ADDENDUM B – Immunization Exemption

Dear Parent/Student:

New York State Public Health Law § 2164 allows for only two exemptions to school immunization requirements:

(1) Medical Exemption. If a physician licensed to practice medicine in New York State certifies that an immunization is detrimental to a child's health, the requirement for that immunization is waived until such immunization is no longer detrimental to the child's health.

(2) Religious Exemption. If a parent(s) or guardian(s) of a child holds genuine and sincere religious beliefs that are contrary to school entry immunization requirements, the immunization requirements are not required for the child to attend school.

Note: New York law does not recognize philosophical/personal exemptions (e.g. exemptions based on a parent(s) or guardian(s) personal or philosophical beliefs).

When requesting a Religious Exemption from the required immunizations, the Department of Health regulation 10 NYCRR, Section 66-1.3 (d), requires the submission of:

A written and signed statement from the parent, parents, or guardian of such child, stating that the parent, parents or guardian objects to their child's immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child.

The statement must address all of the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization.
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

You may attach other supporting materials if you so choose, for example:

- A letter from an authorized representative of the church, temple, religious institution, etc. attended by the parent/guardian, literature from the church, temple, religious institution, etc. explaining doctrine/beliefs that prohibit immunization (Note: Parents/guardians need not necessarily be a member of an organized religion or religious institution to obtain a religious exemption);
- Other writings or sources upon which the parent/guardian relied in formulating religious beliefs that prohibit immunization;
- A copy of any parental/guardian statements to healthcare providers or school district officials in a district of prior residence explaining the religious basis for refusing immunization;
- Any documents or other information that reflect a sincerely held religious objection to immunization.

Please submit all requests and supporting documentation using the medical upload on the student status page.

ADDENDUM C - 2019 Counseling and Mental Health Information Form

Part I: Parents/Guardians and Students

In order to ensure the wellbeing of all of our students, we ask that this form be completed by a mental health professional as applicable to disclose any mental health condition(s) that could potentially impact a summer programs student both inside the classroom or outside the classroom. Alternatively, a parent/legal guardian may fill out the form should the student not currently have a mental health professional.

Please note that the information provided on this form will be reviewed by our Nurse Practitioner and Summer Programs professional staff and be kept strictly confidential. Should a student present a mental health issue requiring urgent treatment, summer programs staff will accompany them to the nearest hospital and this form will be shared with the treating clinician. You are welcome to speak to our Nurse Practitioner at (914) 395-2205 should you have any questions or concerns.

Name of Student
Program Name

Part II: To be completed by the appropriate mental health professional

Please provide as much detail as possible in answering the following questions. Please include appropriate relevant health records and any information necessary for clinicians who might be treating this student on an urgent basis.

1. Describe the relevant physical and/or emotional health condition(s). (DSM V diagnosis, if applicable, and specific symptoms):

2. When did the student first experience this condition, how did it occur, and when was the student diagnosed? Please provide specific dates.

3. How was this condition treated, and for how long? Give specific dates and names/dosages of medication(s), if applicable.

4. Are there currently any problems or issues of concern regarding this condition? Describe plans for testing and/or treatment.

5. How is the student planning to manage his or her health for the duration of the program?

6. What is the prescribed plan in the event that this health condition becomes an acute or emergency situation while the student is attending a summer program?

7. What are the limitations, if any, on this student's participation in their chosen program?

HEALTH PROFESSIONAL'S AUTHORIZATION

I (name of clinician) _____ having received permission from,
_____ (name of student) am willing to further discuss concerns pertaining to the
student's mental health with the Nurse Practitioner for Summer Programs at Sarah Lawrence College if
needed.

Signature of health professional: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country (if outside of U.S.): _____ **Telephone:** _____

2018-19 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades pre-k through 10, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine DO NOT need to be reviewed for grades 5, 11 and 12.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 11 and 12. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should 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	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3 and 4	Grade 5	Grades 6, 7, 8, 9 and 10	Grades 11 and 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 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	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses
Measles, Mumps and Rubella vaccine (MMR)⁵	1 dose	2 doses			
Hepatitis B vaccine⁶	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) vaccine⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Meningococcal conjugate vaccine (MenACWY)⁸	Not applicable			Grades 7, 8 and 9: 1 dose	Grade 12: 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, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. 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.
 - b. If the fourth dose of DTaP was administered at 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.
 - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. 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 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. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or older will meet the 6th grade Tdap requirement.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years or older will meet this requirement.
 - b. 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. Intervals between the doses of polio vaccine do not need to be reviewed for grades 5, 11 and 12 in the 2018-19 school year.
 - e. If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the U.S. IPV schedule. If only OPV was administered, and all doses were given before age 4 years, 1 dose of IPV should be given at 4 years or older and at least 6 months after the last OPV dose.
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 prekindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for prekindergarten and grades 11 and 12. Two doses are required for grades kindergarten through 10.
 - d. Rubella: At least one dose is required for all grades (prekindergarten 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.
 - 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. (Minimum age: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7, 8 and 9.
 - 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.
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 of age 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. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:

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

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