

NOTICE OF RESULTS OF SCHOOL VISION SCREENING – P.S. NOTIFICACIÓN DE LOS RESULTADOS DE LA PRUEBA DE VISIÓN – P.S.

Date/Fecha _____

Grade/Grado _____ Teacher/Maestro _____

Student/Estudiante: _____

Dear Parent/Guardian,

Your child's eyesight was recently screened. The screening shows that:

_____ Your child does not need follow-up vision testing at this time.

_____ Your child may have a vision problem. One of the attached pages has a list of places you can take your child to get an eye exam by an eye doctor. Please have the eye doctor fill out the Eye Report Form. **Please bring the form back from your child's eye doctor with the results of the eye exam, to room _____.** If you have any questions please call _____ at _____.

Estimado Padre / Guardián,

La prueba de la vista de su hijo se hizo recientemente. El examen muestra que:

_____ Su hijo/a no necesita exámenes de seguimiento de la visión en este momento.

_____ Su hijo puede tener un problema de visión. Una de las páginas adjuntas tiene una lista de lugares donde usted puede llevar a su niño a obtener un examen del ojo por un doctor de los ojos. **Por favor, haga que el oculista llene el formulario de Reporte del los Ojos. (Por favor devuelva el formulario de el doctor de los ojos de su hijo con los resultados del examen, a la oficina _____.** Si tiene alguna pregunta por favor llame a _____ al _____.

MEDICATION IN SCHOOL – P.S.

Date _____

Grade _____ Teacher's name _____

Student name: _____

Dear Parent,

Your child's health is important to us. We want to make sure that your child has everything they need to be healthy and ready to learn. We have included the following health forms that need to be filled out by your child's doctor and you.

- Child & Adolescent Health Examination Form (CH205 form)
- Eye Report and Recommendations Form (E12s form)
- Asthma Medication Administration form
- Allergies/Anaphylaxis Medication Administration form
- Diabetes Medication Administration Form
- Medication Administration Form - Non- Allergy/Non-Asthma Medication Only Form
- Request for Section 504 Accommodations Form

On most forms your child's doctor completes the first page of each school health form. Make sure your doctor clearly states medication/treatment, when to take the medication and he/she must sign the form. You complete the back of the school health forms. Make sure you initial the boxes, complete emergency information and sign the form. Any missing information on these forms may delay when your child receives medication/treatment at school. Please return the completed forms with clearly labeled medication to your school nurse.

For any questions or concerns please contact your school nurse at _____.