

# WEST ORANGE PUBLIC SCHOOLS

## DEPARTMENT OF STUDENT SUPPORT SERVICES

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MS. CONSTANCE SALIMBENO, EXECUTIVE DIRECTOR  
MRS.. KRISTIN GOGERTY-FITZGERALD, SUPERVISOR, PREK – 5 MRS. DAWN RIBEIRO, SUPERVISOR, 6-12

August, 2024

Dear Parent/Guardian,

Hope you and your family are having an enjoyable summer! As we prepare for the 2024-2025 school year, we would like to ensure that your child's health and safety needs are met. In an effort to work collaboratively with you, please review the below information to ensure that you obtain the necessary documentation to provide to the School Nurse prior to the first day of school based on your child's medical needs. **The applicable forms and medication should be brought to your child's School Nurse on the first day of school.**

Throughout a typical school year, multiple health screenings required by the state of New Jersey are conducted. As per, N.J.A.C. 6A:16-2.2(g)3 and N.J.A.C. 6A:16-2.3(b)3ii mandated health screenings include height, weight, blood pressure, hearing, vision, and scoliosis. Please be advised that the School Nurses will schedule the screenings at their availability and discretion.

Mandated Screenings						
Required Grade Level	Height	Weight	Blood Pressure	Vision	Hearing	Scoliosis
K – 12	X	X	X			
K – 2, 4, 6, 8, 10				X		
K – 3, 7, 11					X	
Biannually for students between 10 – 18 years old						X

**For Incoming Kindergarten and Grades 4, 6, 8, and 10 Students**

- [Student Health Examination Form](#)
- [Health Immunization Forms](#)

**For Students Who Require Medication**

- Parents and treating physicians are responsible for the diagnosis and treatment of a student's illness. The administration of prescribed medication to students during school hours will be permitted when failure to take such medication would jeopardize the health of the student, or the student would not be able to attend school if

the medicine was not available during school hours.

- Students requiring medication at school must have a written statement from the family's physician that identifies the type, dosage, time schedule, purpose of the medication, and possible side effects. Please note, the prescription must have the original label.
- A written statement from the parent/guardian of the student giving permission for the School Nurse to give the prescribed medication by the family physician is required.
- Any medication to be administered during school hours must be maintained in the health office. ● For students in Grades 6 or above, the student may self-administer certain medications as long as the physician and parent/guardian provides consent for the student to do so. The following consent form/waiver must be completed and returned to the School Nurse: [Self-Administration of Medication & Waiver Form](#) ● If a student requires medication to be administered for a short duration (i.e. prescribed antibiotic or ear drops) of time the following form must be completed: [General & Emergency Medication Request Form](#)

#### **For Students with Asthma**

- The following form must be completed by the student's physician and signed by both the physician and parent and returned to the School Nurse: [Asthma Treatment Plan](#)

#### **For Students with Allergies (including Food Allergies)**

- The following form must be completed by the student's physician and signed by both the physician and parent and returned to the School Nurse: [Food Allergy Care Plan](#)
- If you have a child with food allergies, diabetes, lactose intolerance, chewing/swallowing disorder, or any other special dietary needs, Maschio's Food Services offers a Food Allergy Management Program Parent Packet, which you may request from your child's School Nurse.

#### **For Students with a Seizure Disorder**

- The following form must be completed by the student's physician and signed by both the physician and parent and returned to the School Nurse: [Seizure Action Plan](#)
- Parents/guardians are strongly encouraged to complete and submit this document to the School Nurse prior to the first day of school: [Questionnaire for Parent of a Student with Seizures](#)

**In addition to the above information, kindly ensure that your contact information on file is up-to-date. If not, please inform the Administrative Assistant in your child's building.**

If you have any questions about the above information or documentation, kindly reach out to your child's School Nurse. Thank you for your collaboration and partnership to ensure that your child's health and safety needs are met.

Sincerely,

*Constance Salimbeno*

Constance Salimbeno  
Executive Director of Special Services