



# Fonda-Fultonville

## CENTRAL SCHOOL DISTRICT

School Nurses' Office

Telephone: 518.853.3332, extension 5010 Fax: 518.853.4426

### Health Information

Dear Parents and Guardians:

Each year students enter Fonda-Fultonville Central School in grades PreK-12 with their own unique personalities and individual needs. The nurses' office, located in the Elementary School, serves all students' health care needs from basic first aid to long term illness and conditions.

In order to best serve your child, we are asking that you provide the school nurses with health information, such as allergies or medications he or she may take, so we can appropriately care for your child. The information may be shared with teaching staff, support, staff, kitchen staff, and bus drivers on a need to know basis. It may be essential the information be shared so that, in an emergency, our staff can react quickly and appropriately (example: a student has a bee allergy and carries an EPI pen).

It is important that the nurses are aware of any medications or treatments, whether they are new, have changed, or are not being given at school. Any recent injury, infection, illness, or change in health condition is important to relay to the school nurses as well. Information shared with the nurses does not need to be limited to an emergency; it may simply be letting us know your child is returning to school after recovering from the flu.

If you have any questions or concerns, please contact us.. We look forward to providing a safe and healthy environment for your child.

\*\*\*It is your right to inform us at any time that the information listed should no longer be shared. You may return this form to the nurses' office in a sealed envelope to maintain privacy.\*\*\*

Sincerely,

*Jolyn Giardino-Bloom, RN*

*Brittney Mancini, LPN*

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Homerom:** \_\_\_\_\_

**Please list all recent and previous health concerns:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check one:**

- I give permission for the nurses to share appropriate health information on an as needed basis.  
 I do not give permission for the nurses to share health information.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*A Legacy  
of Families First*

#### **District Office**

518-853-4415 Ext. 4230

Fax: 518-853-4461

Mr. Thomas Ciaccio

*Superintendent of Schools*

#### **Business Office**

518-853-3732 Ext. 4207

Fax: 518-853-8534

Mrs. Tabatha Biggane

*Business Official*

#### **High School**

518-853-3182 Ext. 4238

Fax: 518-853-1239

Mr. Aaron Grady

*Principal*

#### **Middle School**

518-853-4717 Ext. 4246

Fax: 518-853-4498

Mr. David Zadoorian

*Principal*

#### **Elementary School**

518-853-3332 Ext. 5001

Fax: 518-853-4455

Mr. Eric Romano

*Principal*

#### **Pupil Services**

518-853-4717 Ext. 4234

Fax: 518-853-8643

Mrs. Kristine Dickson

*Director of SPED/Pupil*

*Personnel*

#### **Curriculum &**

#### **Instruction**

518-853-4717 Ext. 4250

Fax: 518-853-4498

Mrs. Megan Collins

*Director of Curriculum &*

*Instruction PreK-12*

#### **Student Registration**

518-853-4717 Ext. 5008

Fax: 518-853-4498

Mrs. Amy Thum

*Data Coordinator*