

If you indicated on the SCOPE on-line registration that your child has a special health care need and **will not** require medication while at the SCOPE program, it is necessary for you to complete and return **as soon as possible:**

1. **Form A** ([click here](#)) and
2. **Individual Health Care Plan** ([click here](#))

Fax to: (631) 360-0356 or email to: SCOPE.healthcare@scopeonline.us. Forms may also be mailed or hand-delivered to: **SCOPE Student Services, 100 Lawrence Ave. Smithtown, NY 11787.**

Please be advised that SCOPE staff is certified to administer oral, inhaled medication and epinephrine auto-injector medication on an emergency basis. **Should your child need special care and/or medication while at SCOPE, the following forms needs to be completed by you and your child's health care provider no sooner than July 1 and returned no later than August 1 for a September start date:**

1. **Individual Health Care Plans for Asthma** ([click here](#)), **Allergies** ([click here](#)) or **Other** ([click here](#)): Complete and return in advance **if your child has a special health care need.**
2. **Written Medication Consent Form** ([click here](#)): Complete if your child requires medication while at SCOPE and have it also completed by your **Health Care Provider** (# 1-18 and # 33-36 if necessary). The Health Care Provider must clearly state the **exact name** (brand or generic), **strength** and **dosage** of the medication (# 4) and the **symptoms** that necessitate the use of medication (# 7B). The **Parent/Guardian must also complete** (# 19-23)

Note: This form will also be signed by a SCOPE MAT certified staff member (# 24-30).

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If your child is identified as a child with special needs, as confirmed by the Committee on Special Education, and will require specific accommodations while at the SCOPE program relating to behavioral and/or educational needs, please complete and return the following forms **as soon as possible:**

1. **Student Profile Release Form** ([click here](#))
2. **Individual Health Care Plan for a Child with Special Health Care Needs** ([click here](#))
(Please be as specific as possible so that we can best serve your child's needs.)
3. **Form A** ([click here](#)) or **Medication Consent Form** ([click here](#))

Fax to: (631) 360-0356 or e-mail to SCOPE.healthcare@scopeonline.us. Forms may also be mailed or hand-delivered to: **SCOPE Student Services, 100 Lawrence Avenue, Smithtown NY 11787**

Please be advised that your child will be unable to start the SCOPE program until:

1. **The above referenced paperwork has been completed and returned to the SCOPE Administration Office.**
2. **You have been contacted by a SCOPE Administrator to discuss and review your paperwork.**
3. **You have met with the Site Director in advance to review your child's Individual Health Care Plan and Written Medication Consent Form (if applicable) and you provide the Site Director with medication.**

Note: All medication must be in the original box with the original pharmacy label. Over the counter medication must be labeled with the child's name. Medication samples cannot be accepted. **The expiration date of the medication should be no less than six months from your child's SCOPE start date.**

4. **A 1:1 Aide has been secured for your child (if deemed necessary).**

After you have been contacted by a SCOPE Administrator, the SCOPE Site Director will contact you to confirm a date and time to meet with you prior to the first day of school to collect medication (if applicable) and to review your submitted paperwork. If you are registering in the summer before the first week in August, in most cases the meeting date will be scheduled the day before the first day of school between the hours of 9 AM and 10 AM (before school program) or between 5 PM and 6 PM (after school program). **If any form or medication is incorrect or incomplete, SCOPE cannot accept any medication and your child's start date may be delayed.**

Please be assured that information regarding your child will be kept confidential.