

**GREAT NECK PUBLIC SCHOOLS  
RICHARD S. SHERMAN – GREAT NECK NORTH MIDDLE SCHOOL**

**77 Polo Road  
Great Neck, New York 11023**

**TELEPHONE (516) 441-4500  
FAX (516) 441-4596**

**NANCY GUNNING**  
Assistant Principal  
[ngunning@greatneck.k12.nv.us](mailto:ngunning@greatneck.k12.nv.us)

**GERALD C. COZINE**  
Principal  
[gcozine@greatneck.k12.nv.us](mailto:gcozine@greatneck.k12.nv.us)

**JENNIFER ANDERSEN**  
Assistant Principal  
[jandersen@greatneck.k12.nv.us](mailto:jandersen@greatneck.k12.nv.us)

Summer

Dear incoming 8<sup>th</sup> Grade Parent/Guardian:

As we prepare for the upcoming school year, we need some important safety information from you. Please complete the **forms attached** and return to the Health office **before** the first day of school. **Every child must return these forms.**

If any of this information changes during the school year, please call the Health Office at **441-4510**

Should any medical issues regarding your child arise during the school year, please call me so that we can support her/him in every way.

If your child will be absent from school, please call the Main Office attendance line, which is **441-4515.**

I wish you and your family a wonderful and safe summer.

Sincerely,

Lisa Farazmand, R.N.  
School Nurse  
Phone: 516-441-4510  
Fax: 516-441-4596  
[LFarazmand@greatneck.k12.ny.us](mailto:LFarazmand@greatneck.k12.ny.us)

LF  
Attachments

GREAT NECK PUBLIC SCHOOLS  
Health Services  
Confidential Health Concerns

SCHOOL YEAR: \_\_\_\_\_

NAME: \_\_\_\_\_

GRADE: 8<sup>th</sup>

Dear Parent/Guardian:

For the safety and well being of your child, it is important that the appropriate staff be aware of any health concerns your child may have.

By signing this form you are authorizing the nurse to share this important information with relevant school staff.

**MEDICATION ALLERGY:**

**FOOD ALLERGY:**

**YES**

**NO**

If **YES** please specify:

**OTHER ALLERGY:** (i.e. insect bites, bee stings, etc.)

**MEDICATION:**

\*If your child requires medication (i.e. Epi-Pen) for Life Threatening Allergies, for the safety of your child, **immediately** contact your school nurse for further directions.

**MEDICATION GIVEN AT HOME:**

**MEDICAL CONCERNS:**

**TREATMENT:**

**\*\*\*Your prompt return, of this vital form, is greatly appreciated\*\*\***

\_\_\_\_\_  
**Parent Signature**

School Nurse  
Health Services