

Health Requirements for Students Entering 3rd Grade in September for the 2020-2021 School Year

Dear Parent or Guardian,

Please mail, fax, or bring a copy of the following records to the school, addressed to the attention of the school nurse.

Vaccinations are mandatory for all students!

Pennsylvania State law requires every student be fully immunized by the first day of school and a complete vaccination record must be on file with the school. If your child is in the process completing their vaccinations you must provide a medical certificate with the dates shots will be given. Please check with your child's doctor if you are not sure. ***If this is not done your child may not be allowed to attend school!***

A dental exam is required for 3rd grade.

Please have your child's doctor complete the enclosed *Report of Physical Examination (MEH-155)*. The exam must be completed after March 1, 2020.

NO medications in school without a MED-1!

This includes Inhalers, antibiotics, and over the counter medications. A ***Request for Administration of Medication (MED-1)*** must be completed and signed by both you and your doctor. Please read the included "Medications in School" for more information.

The ***Student Medical History (S-865)*** must be completed and signed to give your permission for the School Nurse to administer Tylenol, Advil, or cortisone cream. ***This must be done every school year.*** It also helps us better understand any special health needs your child may have.

Thank you for helping to create a healthy school environment for all our children!

Sincerely,

Michael Corbit, CSN
School Nurse

Attachments:

1. School Immunization Requirements, K-12
2. Medications in Schools
3. Report of Private Dental Examination (MEH-155)
4. Student Medical Information (S-865)
5. Request for Administration of Medication (MED-1)

School Immunization Requirements

SCHOOL DISTRICT OF PHILADELPHIA

All Grades (K-12)



Before attending any Philadelphia schools, students from all grade levels must have received the following vaccines...*

Diphtheria, Tetanus, & Acellular Pertussis (DTap) 4 doses

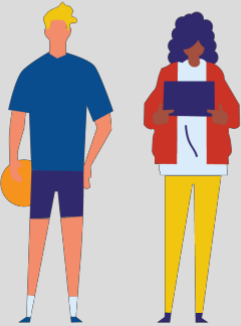
Polio (IPV) 4 doses

Measles, Mumps, and Rubella (MMR) 2 doses

Hepatitis B (HepB) 3 doses

Chickenpox (Varicella) 2 doses

7th Grade

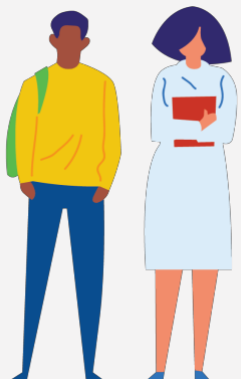


In addition to the above vaccines, before entering the 7th grade Philadelphia students must receive these additional vaccines...*

Tetanus, Diphtheria, & Acellular Pertussis (Tdap) 1 dose

Meningococcal Conjugate (MCV4) 1 dose

12th Grade



In addition to the above vaccines, before entering the 12th grade Philadelphia students must receive this additional vaccine...*

Meningococcal Conjugate (MCV4) 2 doses

*all doses must be given at the appropriate age & interval, talk to your doctor for more information

Don't have a doctor?

VISIT A CITY HEALTH CENTER

Need vaccines for your child but you don't have a doctor? Visit a Philadelphia city health center! City health centers can give your child the vaccines they need to stay healthy and enter school.

Operated by the Department of Public Health, city health centers accept patients with no insurance, Medicaid, HMO plans, and most other insurance options. Walk-in to any of the centers listed below for more information, or call (215) 685-2933 to schedule a vaccine appointment.

Need proof of a vaccine that was already given? Call the Immunization Hotline at (215) 685-6784, 9:00 am to 5:00 pm, Monday through Friday

Philadelphia City Health Centers

Health Center 2

1700 S. Broad St., Unit 201, Philadelphia, PA 19145 (215) 685-1803

Health Center 3

555 S. 43rd St., Philadelphia, PA 19104 (215) 685-7504

Health Center 4

4400 Haverford Ave., Philadelphia, PA 19104 (215) 685-7601

Health Center 5

1900 N 20th St., Philadelphia, PA 19121 (215) 685-2933

Health Center 6

301 W. Girard Ave., Philadelphia, PA 19123 (215) 685-3803

Health Center 9

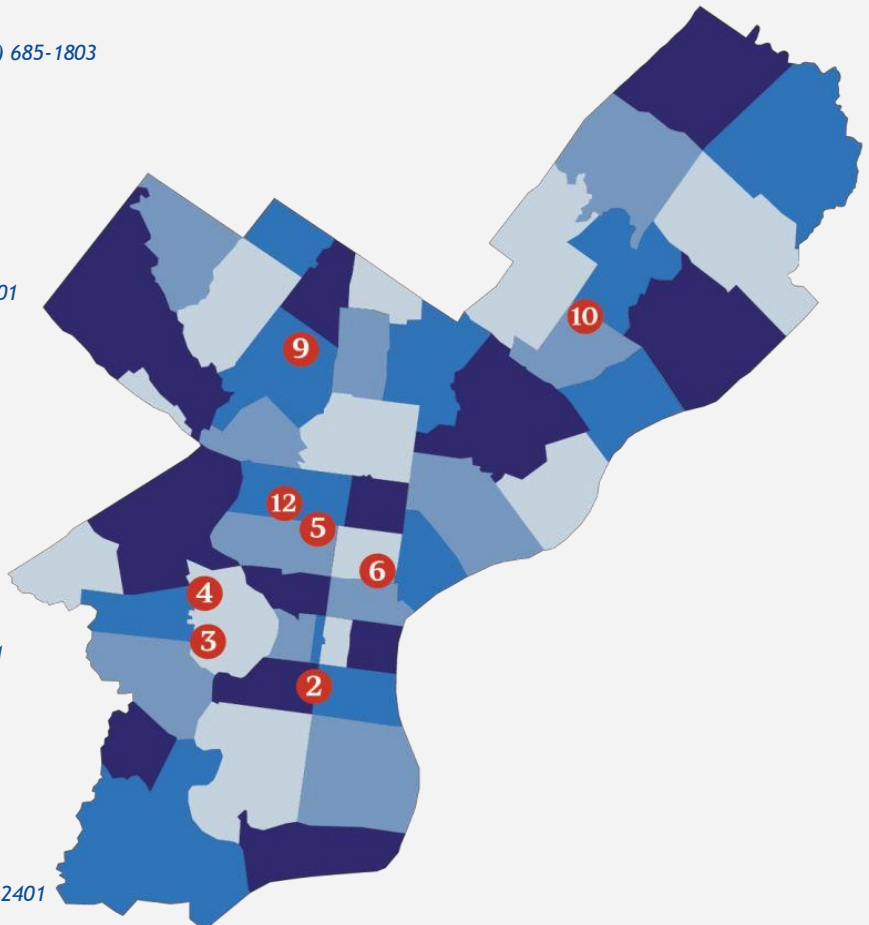
131 E. Cheltenham Ave., Philadelphia, PA 19144 (215) 685-5701

Health Center 10

2230 Cottman Ave., Philadelphia, PA 19149 (215) 685-0639

Health Center 12 (Strawberry Mansion)

2840 West Dauphin St., Philadelphia, PA 19132 (215) 685-2401



Medication in the School

Dear parents and guardians,

Our goal is to provide the best possible care to your child while in school. To do this safely and legally we must fully adhere to Pennsylvania laws and regulations.

By state law medication may only be administered by a school nurse or other licensed health professional. In general this means medication may only be given by the School Nurse on the days they are present in the school.

The only exception to this are epinephrine auto-injectors (EpiPens) for severe allergic reaction and rescue asthma inhalers.

For every medication in school the following guidelines must be followed; for more information please refer to the student handbook.

Doctor's Order and Parental Permission are Required

- A separate "Request for Administration of Medication In School" (**MED-1**) is required for each medication in school.
- Each **MED-1** must be signed and dated by both the doctor and parent.
- Antibiotics, medications from the emergency room, and over the counter medications, may not be given without an **MED-1**
- The above must be completed even if the student self- carries and self-administers an EpiPen or asthma rescue inhaler
- The only medications students may self-carry are an EpiPen or asthma inhaler. This must be approved by the doctor, parent, and school nurse.
- The School Nurse may give Tylenol, Advil, or hydrocortisone cream only if a signed and dated "Student Emergency/Medical Information" (**S-865**) is on file in their health record. ***This must be done every school year.***

Medication Packaging

- All medication must be in the original package or container with the pharmacy label
- Medication must not be expired

End of School Year

- All medication must be picked up on the student's last day of school.
- Medication not picked up will be discarded

THE SCHOOL DISTRICT OF PHILADELPHIA
REPORT OF PRIVATE DENTAL EXAMINATION

Name of School St. Barnabas School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade

TO THE DENTIST

Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).

These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.

Thank you for your cooperation.

UNDER TREATMENT / WORK BEGUN	COMPLETION OF WORK / NO TREATMENT NECESSARY
Date Work Begun	<input type="checkbox"/> No Treatment Required Now
Scheduled Follow-up Appointment	<input type="checkbox"/> All Necessary Dental Work Completed
Date of Dental Examination	Expected Completion Date

Comments / Follow-up Treatment / Special Instructions to School

Name of Dentist	Telephone
Signature of Dentist	Date Signed
Address	Fax Number

IMPORTANT:

Return this form to:

Michael Corbit, CSN

Certified School Nurse/Practitioner

St. Barnabas School

School

6334 Buist Avenue Philadelphia, PA 19142

School Address

215-729-3603 fax: 215-689-4346

Phone Number



THE SCHOOL DISTRICT OF PHILADELPHIA

Student Emergency /Medical Information

Last Name: _____ First Name: _____ DOB: _____
 School: St. Barnabas School Room/Sec: _____ Grade: _____

Home Address: _____ Home phone: _____
 Mother: _____ email: _____ phone: _____
 Father: _____ email: _____ phone: _____
 Guardian: _____ email: _____ phone: _____
Emergency contacts (other than parents) must be local and available for contact:

Name and Relationship to child	Phone
1. _____	_____
2. _____	_____

Childs Doctor/Clinic: _____ Phone: _____
Medical Insurance: MA___ CHIP___ Private___
 Insurance company name: _____ Policy Number _____

Please circle below to give permission to the school nurse to give your child medication.

Acetaminophen(Tylenol)	Yes	No
Ibuprofen (Motrin)	Yes	No

Please **CIRCLE** the following if your child:
 Wears: Glasses Hearing aid
 Has: Seizures Diabetes Asthma ADHD
List Allergies: _____
and substitution requires a new order yearly from a health care provider: _____
Other Health Problems: _____

Does your child take medication? ___NO ___YES (please list)

Medication	Dose	Frequency/Time	Reason

Your signature gives permission for emergency treatment, as well as for SDP School Nurses to administer medications you indicate on this emergency form, during school hours, on field trips and after school activities. I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

Parent/Guardian Signature _____ Date _____



THE SCHOOL DISTRICT OF PHILADELPHIA

OPTIONAL

Non-Aerosol Topical Sunscreen Use at School

Parents/guardians may choose to supply their child with **non-aerosol topical sunscreen**, if it is approved by the U.S. Food and Drug Administration. In order for a student to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel, the parent/guardian must complete the attestations below.

Parent/Guardian Attestation

- By signing below, you confirm that you understand that the school is not responsible for ensuring that the sunscreen is applied by the student.
- By signing below, you confirm that the student has demonstrated that they are able to self-apply the sunscreen.

Parent/Guardian Signature: _____ Date: _____

The school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:

- The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.
- The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.

If a school cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen product by a student, the school shall provide written notice of the cancelation or restriction to the student's parent/guardian.

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES

REQUEST FOR ADMINISTRATION OF MEDICATION, TREATMENTS OR USE OF EQUIPMENT IN SCHOOL

(PLEASE SEE MESSAGE TO PHYSICIAN AND PARENT ON BACK OF FORM)

PHYSICIAN, PLEASE NOTE: Fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication / treatment. A separate request is needed for each medication.

NAME OF PATIENT/STUDENT	ADDRESS/ZIP	ROOM/BOOK NO.
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DATE OF BIRTH	SCHOOL/ORG.# St. Barnabas School	REGIONAL OFFICE	PID
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DIAGNOSIS: _____

REASON MEDICATION MUST BE GIVEN IN SCHOOL:

NAME OF MEDICATION/EQUIPMENT/TREATMENT:	DOSE:
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TIME(S) TO BE GIVEN IN SCHOOL:	TOTAL DOSAGE PER 24 HRS:
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DATE BEGIN:	DATE END:
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INSTRUCTION FOR ADMINISTRATION/UTILIZATION:

CONTRAINDICATIONS:

SIDE EFFECTS: _____

TREATMENT OF SIDE EFFECTS/ACTION TO BE TAKEN: _____

IS ANY RESTRICTION ON ACTIVITY NECESSARY: YES NO
IF YES, DESCRIBE: _____

IS STUDENT TAKING ANY OTHER MEDICATION? YES NO
IF YES, NAME OF MEDICATIONS: _____

IS SIMILAR EQUIPMENT KEPT BY THE CHILD'S FAMILY AT HOME? YES NO

PRINT NAME OF HEALTH CARE PROVIDER/CREDENTIALS	TELEPHONE
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ADDRESS	EMERGENCY NUMBER
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SIGNATURE OF HEALTH CARE PROVIDER	DATE SIGNED
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To The Principal

- I authorize the certified school nurse to administer the indicated medication, or to use the equipment or machinery as prescribed by my child's health care provider, whose signature appears on this form.
- My child may self-administer medication/equipment as determined appropriate by the school nurse.
- I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply, as needed, regarding this medication/ equipment and/or my child's response.

PARENT SIGNATURE _____ TELEPHONE NUMBER _____

DATE SIGNED _____ EMERGENCY NUMBER _____

IN ACCORDANCE WITH CURRENT SCHOOL DISTRICT PROCEDURE

- I have assessed this student and he/she has demonstrated competency and may self administer this medication/treatment () yes () no
- The administration of this medication/treatment was approved on: _____ DATE

SIGNATURE OF SCHOOL NURSE _____

TELEPHONE NUMBER OF SCHOOL NURSE _____

TO THE PHYSICIAN:

Your patient has requested that medication be administered in school. Ideally, the administration of medication should take place at home. However, for students who require medication during the school day in order to function in the classroom, School District Policy does permit licensed school staff to administer medication. In some cases, students may self-administer their medication.

IF YOUR PATIENT'S MEDICATION CANNOT BE ALTERED SO THAT ALL ARE RECEIVED AT HOME, PLEASE COMPLETE THE REQUEST ON THE REVERSE SIDE. A SEPARATE REQUEST IS REQUIRED FOR EACH MEDICATION OR TREATMENT.

Please fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment.

Thank you.

School Health Services

DEAR PARENT/GUARDIAN:

Some children need the administration of medication in order to function in the classroom. Ideally, this should take place at home. If your child's medication schedule cannot be altered and administered at home, you can request the medication to be given in school by seeing the school nurse.

Once the School Nurse has approved the request, you will be required to bring the medication to school properly labeled and packaged by a Registered Pharmacist. The medication bottle must have Saf-T-Closure Cap and the label must include:

- Patient Name
- Pharmacy Name
- Pharmacy Address and Phone#
- Prescription Number
- Prescription Date (current)
- Name of medication, dosage form, expiration date (if relevant)
- Instructions for administration
- Name of prescribing health care provider

This procedure must be repeated each school year and/or each time there is a change in dosage.

Parents/guardians must pick up unused or expired medication in person, or send an authorized responsible adult with a note from you. Unused medication which is not picked up within 10 days, or by the last day of school, will be destroyed/discarded.

If you have any questions on this procedure, please contact the school nurse.

Thank you.

BACKER - MED-1 (Rev. 1/2020)