

Muhlenberg School District
Health Services Department

Students name: _____ DOB: _____ Grade: _____

NATURE AND PURPOSE OF STUDENT HEALTH RECORD

- I understand that sometimes medical information given to the school nurse is important to share with the professional education staff in order for them to understand how certain medical issues may affect my child's school work, activity and/or health at school.
- I understand that all medical information will be kept confidential by the MSD Health Services Staff and will be shared with other educational professionals on an as needed basis only in order to support my child's health and education.
- I understand that my written permission is required to share my child's health record with any other institution or agency with the exception of immunization records.

Parent/Guardian signature: _____

HEALTH SCREENINGS, PHYSICAL AND DENTAL EXAMINATIONS

Pennsylvania School law mandates that all students in grades Kindergarten thru 12th grade be given health specific screenings yearly. I understand that Pennsylvania State law requires:

- Height, weight and vision screening (annually grades K-12)
- Hearing screening (grades K-3rd, 7th 11th)
- Scoliosis Screening (grades 6th and 7th)
- Physical Exam (grades K or 1, 6th, 11th)
- Dental Exam (grades K-1, 3rd, 7th)

Parents/guardians should **choose family or school** in the following statement:

Date of most recent Physical Exam: _____ Date of most recent Dental Exam: _____

PLEASE CIRCLE ONE CHOICE

- I wish to have my child's **physical exam** examination done by **FAMILY** **SCHOOL** doctor.
- I wish to have my child's **dental exam** done by **FAMILY** **SCHOOL** dentist.

Parent/ Guardian signature: _____

(OVER)

IMMUNIZATION RECORDS

Children at any grade, kindergarten through 12th, including all public, private, parochial or nonpublic school, vocational schools, intermediate units, special education and home education programs, cyber and charter schools in this state, **must show proof of immunization before they can attend school in the Commonwealth of Pennsylvania.** (28 Pa. Code Chapter 23, subchapter C)

The following immunizations are required as a condition of attendance in ALL GRADES:

* 4 doses of tetanus and diphtheria usually given as DTP, DtaP, DT or Td

(One dose needs to be given on or after the 4th birthday)

* 3 doses of polio

* 2 doses of measles, mumps and rubella (MMR)

(First dose must be given on or after 1st birthday)

* 3 doses of hepatitis B

* 2 doses of varicella (chickenpox) vaccine

(First dose must be given on or after 1st birthday) OR

* History of chicken pox disease

Students ENTERING the 7th grade need the following:

*1 dose of tetanus, diphtheria, acellular pertussis (Tdap, Dtap, Td) if 5 years has elapsed since last tetanus immunization.

*1 dose of meningococcal conjugate vaccine (MCV)

Immunization complete as of _____

Immunization **NOT** complete as of _____

I understand that my child needs the following shots: _____

I understand that registration of this student is NOT COMPLETE until all immunization requirements listed above are complete. I further understand that admission of this child to Muhlenberg School District may be denied unless proof of completed immunizations, medical contraindication or written statement of religious objection to these immunizations is provided.

Parent/guardian signature: _____ **Date:** _____

OTC MEDICATION DURING SCHOOL HOURS

***I give permission for the Muhlenberg School District Health Services licensed school nursing staff to administer over-the-counter(OTC) medications(such as medication for pain, fever, stomach upset, coughing or allergic reaction) and/or emergency medications as needed according to the Muhlenberg School District's standing physician orders.**

Medication Allergies: _____

Parent/Guardian signature _____ **Date** _____