Nazareth Area School District Kindergarten Registration

Dear Parent or Guardian:

My name is Christine Brown I am the certified school nurse at Kenneth N Butz Elementary School (KNBES) along with Tahizy Bugbee associate school nurse at KNBES. I am in the school building Monday thru Friday. Mrs. Bugbee is with me every Thursday and Friday.

We provide the mandated health services for your child while at school. These mandated services are annual vision, hearing, growth and scoliosis (6th & 7th grade only) screenings. We also provide care for sick and injured children during school hours. If you have any questions or concerns or a child with a medical need please contact me as soon as possible.

The information below will best help us to meet your child's health needs while at school and ensure that you meet the health requirements for school attendance. Please inform the school nurse as soon as possible of any chronic health conditions, allergic conditions or medical procedures your child may require during the school day so that we can be ready on the first day of school to meet your child's needs.

The medical requirements for kindergarten entry in Pennsylvania are as follows:

1. **Physical and Dental Exams:**
   Please see the forms enclosed to bring to your doctor and dentist.

2. **Health information form:**
   Please complete and return to the school nurse

3. **Immunizations:**
   Please refer to the enclosed flier. The school nurse will review the immunization record you uploaded to assure compliance with the requirements for school attendance. If the record is non-compliant you will be notified. **If your child receives any immunizations after you registered please email an updated copy of the immunizations to the school nurse.** The State of Pennsylvania does allow for a medical or religious exemption.

Medication in school policy:
If medication is needed for your child it will be administered under the guidelines of the Medication Policy of the Nazareth Area School District. All medications given at school must be prescribed by a physician. Written parent/guardian consent is also required for medications to be given at school. Medications must be in the original pharmacy container appropriately labeled with the student's name and details for administration of medication. Over-the-counter medications can only be given at school with signed physician instructions and signed parental permission form. All medications must be provided to the school from the parent/guardian.

Additional information and forms from the nurse (allergy action plan, asthma plan, seizure plan, diabetic plan, medication form, physical, dental etc.) can be accessed from the Butz Elementary School Nurse website.

All forms and documents can be mailed, faxed or scanned and emailed to the nurse:

Kenneth N. Butz Elementary
Attn: Christine Brown School Nurse
960 Bushkill Center Rd. Nazareth, PA 18064
Fax: 610-849-0866 Email: cbrown@nazarethasd.org

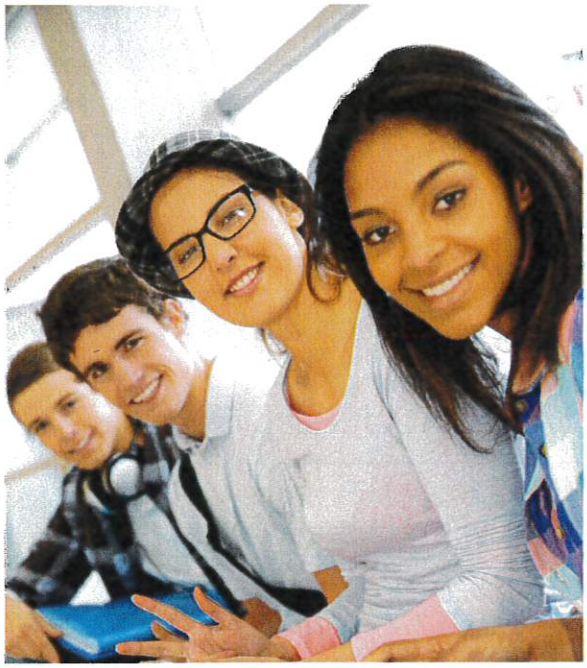
Sincerely:
Christine Brown RN, BSN, CSN
610-759-1118 Ext 5000

SCHOOL VACCINATION REQUIREMENTS
FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:

- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

**Usually given as DTP or DTaP or if medically advisable, DT or Td*
*** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*
****Usually given as MMR*



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

- The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.

pennsylvania
DEPARTMENT OF HEALTH

NAZARETH AREA SCHOOL DISTRICT KINDERGARTEN HEALTH INFORMATION FORM

Kenneth N Butz Elementary School

Completed at kindergarten registration then followed up yearly with the health update form sent to every student at the beginning of the school year

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Name of Student: _____ **Date of Birth:** _____

Medical History(please check all medical concerns/history):

- ☐ Had chicken pox disease
- ☐ Cancer
- ☐ Orthopedic concerns
- ☐ Anemia
- ☐ Rheumatic fever
- ☐ Arthritis
- ☐ Hemophilia
- ☐ Sickle cell disease/trait
- ☐ Hepatitis
- ☐ Migraines or frequent headaches
- ☐ Frequent stomach issues
- ☐ Speech impairment
- ☐ Bowel concerns _____
- ☐ Bladder/kidney concerns _____
- ☐ **Mental health concerns**
  - ☐ Anxiety
  - ☐ Aspergers
  - ☐ Autism
  - ☐ Depression
  - ☐ Other _____
  - ☐ OCD
  - ☐ ODD
  - ☐ Bipolar
- ☐ **Cardiac concerns**
  - ☐ Murmur
  - ☐ Tachycardia
  - ☐ Other: _____
  - ☐ Hypotension
  - ☐ Hypertension
- ☐ **Asthma**
  - ☐ Medication (please list): _____
- ☐ **Hearing impairment**
  - ☐ Tubes
  - ☐ Hearing aid
  - ☐ Deafness
  - ☐ Other _____
  - ☐ Hearing loss
  - ☐ Chronic wax
- ☐ **Vision impairment**
  - ☐ Wears glasses
  - ☐ Blindness
  - ☐ Color vision deficit
  - ☐ Amblyopia
  - ☐ Other _____
  - ☐ Astigmatism
  - ☐ Cataracts
  - ☐ Convergence insufficiency
  - ☐ Retinal damage
- ☐ **ADD/ADHD**
  - ☐ Medication _____
- ☐ **Diabetes**
  - ☐ Type I
  - ☐ Type II Date diagnosed _____
  - ☐ Insulin dependent ____ Pump ____ Syringe

☐ **Seizures**

Date of last seizure_____

- ☐ Generalized (absence, tonic-clonic or atonic)
- ☐ Focal onset (simple/complex partial)
- ☐ Unknown onset

Date last seen by neurologist: _____

☐ Daily seizure medication (please list)

_____

☐ Emergency seizure medication (please list) _____

☐ **Allergies**

- ☐ Seasonal/Environmental
- ☐ Bee sting
  - ☐ Localized
  - ☐ Anaphylaxis
- ☐ Animal _____
  - ☐ Localized
  - ☐ Anaphylaxis
- ☐ Peanuts
  - ☐ Localized
  - ☐ Anaphylaxis
- ☐ Latex
  - ☐ Localized
  - ☐ Anaphylaxis
- ☐ Egg
  - ☐ Localized
  - ☐ Anaphylaxis
- ☐ Drug _____
- ☐ Milk
  - ☐ Localized
  - ☐ Anaphylaxis
- ☐ Tree nuts
  - ☐ Localized
  - ☐ Anaphylaxis
- ☐ Shellfish
  - ☐ Localized
  - ☐ Anaphylaxis
- ☐ Other: _____
  - ☐ Localized
  - ☐ Anaphylaxis

☐ **History of serious accident and/or injury:**

_____

☐ **Surgery** _____

☐ **Other (please list any other concerns you want the school nurse to be aware of):**

_____

Medication (please list all medication use a separate sheet of paper if needed)

☐ Daily _____

☐ As needed _____

☐ Medication needed during school hours

The above information is accurate and complete to the best of my knowledge. I give permission to share information with appropriate school personnel, as necessary.

Parent/Guardian Signature: _____ **Date:** _____

pennsylvania
DEPARTMENT OF HEALTH

Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:
Complete page one of this form before student's exam. Take completed form to appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: ☐ Male ☐ Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

_____

_____

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: *Has the student...*	YES	NO
1. Any ongoing medical conditions? If so, please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infection Other_____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: *Has the student...*	**YES**	**NO**
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: *Has the student...*	**YES**	**NO**
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: ☐ Heart murmur or heart infection ☐ High blood pressure ☐ Kawasaki disease ☐ High cholesterol ☐ Other:_____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded **DURING** or **AFTER** exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: *Has the student...*	**YES**	**NO**
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: *Has the student...*	**YES**	**NO**
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: *Has the student...*	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. **FEMALES ONLY:** Had a menstrual period? ☐ Yes ☐ No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	**YES**	**NO**
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: ☐ less than 1 year ☐ 1-2 years ☐ greater than 2 years		
SOCIAL/LEARNING: *Has the student...*	**YES**	**NO**
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	**YES**	**NO**
42. Is there a family history of the following? If so, check all that apply: ☐ Anemia/blood disorders ☐ Asthma/lung problems ☐ Behavioral health issue ☐ Diabetes ☐ Inherited disease/syndrome ☐ Kidney problems ☐ Seizure disorder ☐ Sickle cell trait or disease Other_____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: ☐ Brugada syndrome ☐ Cardiomyopathy ☐ High blood pressure ☐ High cholesterol ☐ QT syndrome ☐ Marfan syndrome ☐ Ventricular tachycardia ☐ Other_____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	**YES**	**NO**
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFOMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 ☐ 6 ☐ 11 ☐ Other ☐	CHECK ONE: NORMAL	*ABNORMAL	DEFER	*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
Height: ( ) inches				
Weight: ( ) pounds				
BMI: ( )				
BMI-for-Age Percentile: ( ) %				
Pulse: ( )				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected ☐				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐

Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam_____ 20_____

Print name of examiner _____

Print examiner's office address _____ **Phone** _____

Signature of examiner _____ **MD ☐ DO ☐ PAC ☐ CRNP ☐**

H514.027 (08/2011-under review)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20 ___

NAME OF CHILD	AGE	SEX	GRADE	SECTION/ROOM
Last First Middle		☐ M ☐ F		

ADDRESS

No. and Street City or Post Office Borough/Township County State Zip

REPORT OF EXAMINATION

TOOTH CHART

	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment? Yes ☐ No ☐

Treatment Completed Yes ☐ No ☐

_____
Date of Dental Examination

_____
Signature of Dental Examiner

_____
Print Name of Dental Examiner

_____
Address

When to keep your child home from school due to an illness:

From the desk of Christine Brown RN, BSN, CSN for Kenneth N. Butz, Jr. Elementary School

It's hard sometimes to decide whether to send your children to school when they don't feel well. Illness is very seldom convenient! As busy parents, you have to consider work schedules, childcare arrangements, transportation and other family matters in that decision, and of course, you want what is best for your child's health.

It's also not easy to achieve a balance between reinforcing the importance of being at school and having the best attendance possible, and making a good parent decision that your child will not be able to be "in attention" at school today because of illness. That's especially hard when you have those great "high-achievers" who don't want to miss a day and lose that perfect attendance record. But balance is what being a good parent is all about!

Kenneth N. Butz, Jr. Elementary School feels very strongly that good attendance is extremely important to your child's success at school! They must be here to learn. There are also important health reasons for keeping your child home from school, so here are some helpful guidelines to consider when you hear those words, "I feel sick; I don't want to go to school today."

Children who have the following symptoms should stay home and not come to school until these symptoms have been gone for at least 24 hours without the help of medication, or until your doctor sends a note that states the condition is not contagious and it is OK for your child to come back to school.

FEVER - check your child's temperature with a thermometer. If a fever over 100 degrees is present, DO NOT send him or her to school, even for just a little while in the morning so that they can have "perfect attendance." Responsible attendance is more important than perfect attendance in the long run and parents who use common sense and make healthy decisions about keeping their children home are the ones who should get the attendance rewards!

It doesn't help your child's health to give medicine for fever and send them on to school…that only reduces the fever for a short time, and doesn't take care of the illness that is causing the fever. Coming to school sick (and possibly contagious) not only exposes other children to the illness, but also delays your child's healing time. Once the medicine wears off and the fever returns, your child must be picked up anyway, and valuable healing time has been lost. Children must be fever-free for 24 hours, without the use of medicine, before returning to school.

RED EYES, ESPECIALLY IF THERE IS ALSO DRAINAGE OR CRUSTING AROUND THE EYE -this can often mean your child has conjunctivitis, also known as pink-eye. Not all pink-eye is contagious. Sometimes it is just allergies or other irritations that are causing the red color, but until we know for sure (which means we must have a note from the doctor stating the condition is not contagious, or until the redness and drainage are completely gone), your child must remain out of school.

VOMITING/DIARRHEA - until we know that these are not signs of a contagious illness, such as a stomach virus, your child should be kept home. Consider how uncomfortable these two things are, even to an adult who has better control, and how distressed and embarrassed your child will be at school having to go to the restroom often, or feeling sick while sitting at his/her desk. If the vomiting or diarrhea happens more than once that day, or if they are associated with fever, you must keep your child home. Even if these things happen only one time before school starts, and your child feels better immediately afterwards, it is still wise to watch for a few hours to see if it happens again before sending him or her on to class. If your child is spending all his or her time at school feeling sick, then not much learning is taking place!

SKIN RASHES - if the rash has any fluid or pus coming from it, the child must remain out of school until the rash has been treated and a note from the doctor states it is ok to return to school, or until the rash is gone, dried, or scabbed over with no new spots appearing. Anytime a rash is associated with fever, the child may not come to school until that fever is gone for 24 hours without medication. Sometimes a rash is a sign of a contagious disease such as chickenpox. Sometimes, rashes are not contagious, but are uncomfortable and itchy from contact with something the child is allergic to. In that case, although school is certainly a good option, please consider comfort measures such as an antihistamine, following the district policy for medication administration at school and discussing possible treatment with your doctor and/or the school nurse.

PEDICULOSIS (HEAD LICE) OR SCABIES - these small insects cause skin conditions that are uncomfortable and itchy, and could become infected with all the scratching. Check with the school nurse to get information on treatment and when your child may return to school if those conditions are present.

If your child has other symptoms such as headaches, cramps, sore throat, cough and/or thick mucus that don't require them to be out of school but that will make them uncomfortable during class, please discuss the use of over-the-counter (OTC) or prescription medications with your doctor. Remember you must follow the district requirements for giving medicine at school. Call the school nurse if you are not sure about those requirements.

Kids who are truly sick will heal better and faster when they have proper rest at home, with healthy nutrition and plenty of fluid for hydration. Your school nurse is available for assistance during school hours if you have questions. We will always do our best to help you make a good decision based on our experience and knowledge as registered nurses, after considering the potential for spreading infections at school and what is in all the children's best interests. We have common goals with you- the health, safety, and school success of your child!