

Attention Parent



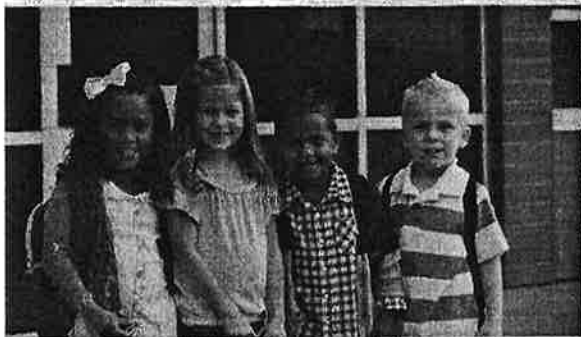
Please return the following forms to the secretary when registering your child to attend Our Lady of Fatima Grade School:

1. Health History for Enrollment Form
2. Birth certificate
3. Immunization record obtained from your child's pediatrician
4. Vision Screening consent form
5. Medication Policy notification form

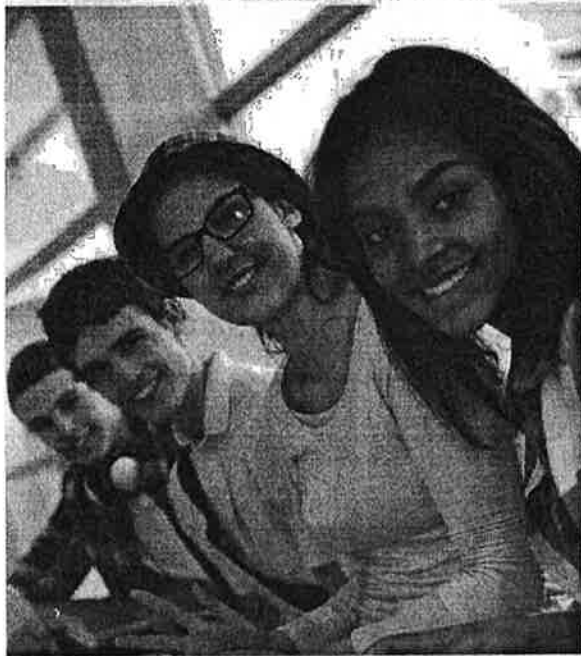
Thank you

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

STUDENT HEALTH HISTORY FOR ENROLLMENT AT OUR LADY OF FATIMA GRADE SCHOOL

Student Name _____ Home Phone # _____

Parent Names: Father _____ Cell# _____ Work# _____

Mother _____ Cell# _____ Work# _____

Address: _____

City

State

Zip code

A. Medical History (check those that apply to your child and supply dates):

Condition	✓	Date(s)	Condition	✓	Date(s)
ADD / ADHD			Gastrointestinal problems		
Anemia/bleeding disorder			Hearing/visual problems		
Asthma			Heart disease		
Allergies			Psychological		
Cerebral palsy			Scoliosis		
Cystic fibrosis			Seizure disorder		
Diabetes			Other (explain)		

B. Allergies: _____ Plants _____ Bees and insects _____ Animals
 _____ Food _____ Drugs _____ Other

C. Is medication needed for allergy: At home? _____ No _____ Yes
 At school? _____ No _____ Yes

Name of medication(s) _____

Is medication needed for any other condition: At home? _____ No _____ Yes
 At school? _____ No _____ Yes

Name of medication(s) _____

D. List any operations, injuries, or hospitalizations. Give dates: _____

E. Physical education activity: _____ Limited _____ Not limited
 If activity is to be limited, please explain: _____

F. Does your child wear: Contact lenses? _____ No _____ Yes Glasses? _____ No _____ Yes

G. Is your child presently under medical treatment? _____ No _____ Yes
 If so, give name of physician: _____
 Reason for treatment: _____

H. List any known serious sensitivity or other condition requiring IMMEDIATE MEDICAL ATTENTION:

Signature of parent or guardian: _____ Date: _____

HOPEWELL AREA SCHOOL DISTRICT
Our Lady of Fatima Grade School
VISION SCREENING CONSENT FORM

In the fall of each school year, a free vision screening will be offered to your child.

No physical contact is made with your child and eye drops are not necessary.

I, the undersigned, give permission for my child, _____,

to have a free vision screening examination by Dr. Nancy Wiggins. I understand the following:

- There is no charge to participate in the vision screening process.
- I will be contacted with the results.
- The information obtained from this vision screening is to be considered a preliminary procedure only and does not constitute a diagnosis of vision problems. It should be part of a comprehensive eye care program which includes periodic optometric/ophthalmologic exams.
- I understand that I am responsible for arranging a full eye exam with an eye care professional if my child has been referred as a result of the vision screening test.
- I understand that the organization conducting the screening will not be held accountable for any errors of commission, omission, or other misdiagnosis.

Yes, I do wish to have the vision screening. _____

No, I do not wish to have the vision screening. _____

Child's name

Parent/Guardian Signature

HOPEWELL AREA SCHOOL DISTRICT

Our Lady of Fatima Grade School

Medication Policy Notification

Dear Parent/Guardian:

It is the policy of the Hopewell Area School District that any student who is required to take a prescribed medication must comply with these school regulations:

- A. Written orders from a physician should detail the name of the drug, dosage, time interval that the medication is to be taken, and diagnosis or reason for the medication to be given.
- B. Written permission must be provided by the parent or guardian requesting that the school district comply with the physician's order.
- C. Medication should be brought to school in a container appropriately labeled by the pharmacy or physician. Please contact the school nurse in your building regarding the supply of medication that you will be sending and means of delivery.

HOPEWELL AREA SCHOOL DISTRICT MEDICATION POLICY

As an indication that you have read and understand the above, would you please sign below and return with your enrollment packet.

STUDENT'S NAME:

PARENT'S SIGNATURE:
