



# CALVARY CHAPEL CHRISTIAN ACADEMY

*A Ministry of Calvary Chapel Harrisburg - West Shore*

702 Lisburn Road, Camp Hill, PA 17011

ccharrisburg.org/academy

717-461-9050

## HEALTH INFORMATION AND POLICIES

### EMERGENCY CONTACT INFORMATION:

When you receive the emergency contact information papers, please complete, or review them. If you are a returning family, please make any necessary changes to the information that you previously provided, sign and initial them. These contact papers will be mailed to you. It is very important that these be filled out completely and immediately. This information helps us give your child the best possible care in case of emergency or illness. The persons you list as emergency contacts must be reliable and able to come to school for your child should we not be able to contact you. The contacts listed should also be aware that you have listed them.

### REQUIRED EXAMINATIONS:

The Pennsylvania School Health Law requires that each student is to have a medical examination at the following times:

- Entry into school ( Pre-School or Kindergarten)
- Transferring students entering without complete health records
- Students transferring from out of state

A Dental Examination is required in the following grades:

- 1<sup>st</sup> grade
- Entry into school from out of state.

The examinations should ideally be scheduled between May and August. Due to some health insurance policies only allowing one exam a year, if an exam has recently been performed, please submit that exam report until your next schedule exam. Forms are available on the school web site. Please be advised that a copy of the new sports physical form will be accepted, with an immunization record attached. This copy is to be sent to the nurse's office.

## MEDICATIONS:

Whenever possible, parents/guardians are requested to administer medications at home. There are many safety issues involved with giving medications in school as well as the problem of classroom disruptions. If it is necessary to administer medications during the school hours, please follow the guidelines below:

The physician and the parent/guardian must fill out the "Medication Consent Form." Take the blank form with you to any doctor's visits and have the office make a copy for the physician to fill out should a prescription be ordered. Forms are available on the school website.

Medicine ordered to be given two or three times daily should be given at home. (ADD/ADHD medications are usually the exception to this). If the physician wants the medication given during school hours, he/she should fill out the consent form with specific times requested.

ALL medication must be brought to school in their ORIGINAL labeled containers. Medicine will not be administered if it is not in its original container (i.e. plastic bags, envelopes, etc.). This is a safety as well as a legal issue.

Medications for the elementary students must be brought to school and taken home by an adult. They must bring them to the nurse upon arrival to school. This does not include medication, which falls under the Federal Narcotics Act (which must be brought by the parent/guardian).

The first dose of any medication must be given at home due to the possibility of adverse affects or allergic reaction.

Both the doctor's order and the parental permission must be renewed yearly or as circumstances change.

Over-the-counter medicines may be given in school by following the above procedures. (Examples: Allergy medicines, cold/cough medicines.)

All medications must be taken home at the end of each school year. Parents must pick up medications for elementary students. Any medication left in the nurse's office after the school year will be disposed of.

## GENERAL INFORMATION:

Following is a list of guidelines to be used in determining if a child should be kept home from school:

- Fever
- Chills
- Running or inflamed eyes
- Abdominal pain
- Vomiting
- Diarrhea
- Sore, reddened throat
- Severe headache
- Contagious disease (i.e.: Chickenpox, Whooping cough, impetigo, ring worm, etc., which must be seen your doctor.)

When children have been ill, they should remain home 24 hours after the temperature has returned to normal-WITHOUT the use of medications such as Acetaminophen or Ibuprofen. There should also be a 24-hour period with no vomiting or diarrhea before returning.

If your child is being treated with an antibiotic, he/she should remain out of school until the antibiotic has been given for 24 hours. There are infections which may require a longer time on the medication before re-entry into school. Ask your physician for advice regarding when to return.

If your child has been diagnosed with what your doctor states is a “reportable communicable disease”, please notify the nurse’s office with that information.

If your child has a case of head lice, notify the nurse’s office for instructions. Please do not keep this information hidden. Remember, this is not an issue of hygiene.

If your child has any health problems, concerns, or needs, please contact the school nurse. If these problems necessitate restriction or exclusion from any class or activity, a note should be acquired from the physician.

Thank you for you cooperation in theses areas. Please remember these policies are for the safety and well being of your child. Feel free to contact me at any time.

In His Service,

CCCA School Nurse

## **Immunization Requirements**

The Pennsylvania Department of Health has revised the immunization requirements for students effective the 2017-2018 school year. This revision replaces the 8- month provisional period for immunizations with the new requirement of a 5-day provisional period.

Prior to August 2017, a parent had 8 months to complete all required immunizations. This is called a provisional enrollment.

As of August 2017, a parent must have all immunizations completed within the first 5 days of school.

If the student is in the middle of a series and it is too soon for the next dose, the parent must provide the school nurse with a plan for immunizations (signed by a health care provider) within the first 5 days of school. If the student has incomplete immunizations and no medical plan, the student will be excluded from school.

These requirements allow for the following exemptions: medical reasons; religious beliefs; or philosophical/strong moral or ethical conviction. A signed, dated exemption must be on file in the nurse's office.

If your child is exempt from immunizations, he or she may be removed from school during an outbreak.

Children in <b>ALL</b> grades (Pre-K & K) need the following <b>immunizations for attendance:</b> -4 doses of tetanus, diphtheria & acellular pertussis ( one dose on or after 4 <sup>th</sup> birthday) ( DTaP, DTP) - <b>4 doses of polio</b> ( 4 <sup>th</sup> dose on or after 4 <sup>th</sup> birthday & at least 6 months after previous dose given (IPV) - 2 doses of measles, mump & rubella (MMR) -3 doses of hepatitis B ( Hep B) -2 doses of varicella (chickenpox) or evidence of immunity ( history of chickenpox or antibody titer)	<b>7<sup>th</sup> thru 12<sup>th</sup> grade- additional immunization requirements for attendance:</b> - 2 doses meningococcal conjugate vaccine (MCV4) - first dose prior to <b>entry into 7<sup>th</sup> grade</b> - a second dose is required at age 16 or <b>prior</b> <b>* bold text indicates a change from previous years</b>
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**The vaccines required for entrance, 7<sup>th</sup> grade, & 12<sup>th</sup> grade continue to be required in each succeeding school year.**

# PENNSYLVANIA DEPARTMENT OF HEALTH – MEDICAL CERTIFICATE

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Parent or Guardian \_\_\_\_\_  
 Telephone \_\_\_\_\_

Please circle present grade: K 1 2 3 4 5 6 7 8 9 10 11 12 Other \_\_\_\_\_

VACCINE Circle appropriate item	Enter month, day and year each immunization will be given DOSES				
Diphtheria, tetanus and acellular pertussis (DTaP, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, diphtheria and acellular pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /
Measles - mumps - rubella (MMR)	1 / /	2 / /	or measles serology Date _____		Titer _____
Varicella	1 / /	2 / /	Rubella serology _____	Date _____	Titer _____
Meningococcal (MCV)	1 / /	2 / /			
Other _____	1 / /	2 / /	Mumps disease diagnosed by a physician: Date _____		

Attach EHR of vaccines already given.

X \_\_\_\_\_

**Signature** (PLEASE CIRCLE - physician, certified registered nurse practitioner, physician assistant, local health department)

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