



Welcome to Central High School Nurses' Office!

What forms does your child need to attend Central High School?

- [MEH 1](#) – Report of Physical Examination
- [S865](#) - Student Emergency/Medical Information form
 - Gives permission for the nurses to give acetaminophen (Tylenol) and ibuprofen (Motrin/Advil)
- [Immunizations](#)
- [MED 1](#)* – Request for Administration of Medication
 - Only necessary for conditions that require medications to be taken in school (this includes diabetes medication and supplies, asthma inhalers, and EPI-pens. Students may self-carry these medications and may also keep a supply in the nurses' office).
- Forms are due on the first day of school!

What else do you need to know about the nurses' office?

- Students must have a hall pass signed by their teacher to see the school nurse.
- If a student visits the nurse, they may potentially need to be dismissed from school.
 - Students will **NOT** be permitted to leave on their own, they must be signed out by an adult designated on an Emergency Contact form. Please be sure to list any and all adults that might be available to pick up your child during the school day.
- Students who become ill or injured at home should seek care from their primary care provider.
 - Fever greater than 100°F should stay home until they are fever free for 24 hours without using fever reducing medications
 - Students who need to use the elevator must submit medical documentation to the nurses

*The only over the counter medications in the nurses' office are acetaminophen, ibuprofen and hydrocortisone cream. All others require an MED1. Nurses are prohibited from keeping any other medications including allergy, cold, and stomach medicines. See attached medication policy.

The nurses are here to keep your child as healthy as they can be! However, there are occasions when illness or injury occur in school. In order to accomplish all of our goals, the school nurses will adhere to the following schedule:

Homeroom: Issuance of elevator passes for students who arrive at school with a recent orthopedic injury and acceptance of medical documentation.

9:00-11am: Health Screenings, student health management, and documentation.

11am-12pm: Nursing care of students who become ill or sustain minor injuries **during school hours.**

12pm-1pm: Lunch and documentation.

1pm-2pm: Nursing care of students who become ill or sustain minor injuries **during school hours.**

2pm-3:04pm: Student health management and documentation.

Emergencies will be seen at any time.

(TROUBLE BREATHING, VOMITING, BLEEDING, SERIOUS INJURY)

Questions? Please contact us!

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Parent/guardian, please complete this form



THE SCHOOL DISTRICT OF PHILADELPHIA

Student Emergency /Medical Information

Last Name: _____ First Name: _____ DOB: _____
 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 _____

<p>Please circle below to give permission to the school nurse to give your child medication.</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;">Acetaminophen(Tylenol)</td> <td style="width: 15%;">Yes</td> <td style="width: 25%;">No</td> </tr> <tr> <td>Ibuprofen (Motrin)</td> <td>Yes</td> <td>No</td> </tr> </table>	Acetaminophen(Tylenol)	Yes	No	Ibuprofen (Motrin)	Yes	No	<p>Please CIRCLE the following if your child:</p> <p>Wears: Glasses Hearing aid Has: Seizures Diabetes Asthma ADHD List Allergies: Food substitution requires a new order yearly from a health care provider: _____ Other Health Problems: _____ _____ _____</p>
Acetaminophen(Tylenol)	Yes	No					
Ibuprofen (Motrin)	Yes	No					

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 _____
 Revised S-865 (06/2019)

Required documentation is due no later than the first day of school.

Doctor completes this form

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES
REPORT OF PHYSICAL EXAMINATION

Name of Student	Date of Birth	Student ID #	Grade
Name of School	Room/Section/Book	Date Issued	

TO THE PARENT/GUARDIAN:

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 _____

RECORD OF VACCINE ADMINISTRATION

Please attach complete immunization record including serology results if available.

■ Allergies _____ ■ Date of last PPD _____ Result _____ mm

Does this student have health insurance? ____ Yes ____ No Name of Insurance Provider: _____

RECORD THE FOLLOWING

1.	Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____												
2.	Audiometric Screening: R _____ L _____ 3. BP _____												
4.	Height _____ inches / cm Weight _____ lb. / kg BMI percentile _____												
5.	Scoliosis Screening: _____ Normal _____ Abnormal _____ Referred _____ No Referral												
6.	Activity Recommendation: _____ Full Physical Activity _____ Restricted Physical Activity <small>(Must Complete Phys. Ed. Medical Exemption/Program Modification Form MEH-23)</small> Specify Restrictions: _____												
7.	List all medications currently being taken: Medication: _____ Reason: _____												
8.	List ALL problems by history or examination: Circle status of problem <table border="0"> <tr> <td>1. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> <tr> <td>2. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> <tr> <td>3. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> </table> _____ No Problems Identified	1. _____	Under Care	Care Complete	Referred	2. _____	Under Care	Care Complete	Referred	3. _____	Under Care	Care Complete	Referred
1. _____	Under Care	Care Complete	Referred										
2. _____	Under Care	Care Complete	Referred										
3. _____	Under Care	Care Complete	Referred										

Comments / follow-up treatment plan / Special instructions to school:

Signature of Care Provider (REQUIRED)	Telephone Fax	Care Provider office stamp (REQUIRED)
Address	Date of Exam	

Required documentation is due no later than the first day of school.

Doctor completes this form

SCHOOL DISTRICT OF PHILADELPHIA
CENTRAL HIGH SCHOOL
IMMUNIZATION RECORD

NO student will be admitted with an incomplete immunization record per the State of Pennsylvania and may be sent home the first day of school by the school nurse.

Name Current School

Date of Birth ID Number Grade

IMMUNIZATIONS REQUIRED (may attached printed record):

VACCINE Circle appropriate item	Enter month, day, and year when immunization doses listed below were given.				
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 (vaccine or disease)	1 / /	2 / /	Rubella serology	Date	Titer
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date		

One dose of DTaP must be on or after the fourth (4th) birthday.
One dose of Polio must be on or after the fourth (4th) birthday.
First doses of MMR and Varicella must be on or after the first (1st) birthday and the second dose should be at least one month after the first dose.

Children not immunized must provide an immunization exemption form available from your school nurse or the School District website.

Date Signed Doctor's Signature Doctor's Phone Number

Date Signed Parent or Guardian Signature Home Phone

Required documentation is due no later than the first day of school.

THE SCHOOL DISTRICT OF PHILADELPHIA
CENTRAL HIGH SCHOOL

1700 WEST OLNEY AVENUE
PHILADELPHIA, PENNSYLVANIA 19141

TELEPHONE (215) 490-3390
FAX (215) 490-3391

Policies for Students Receiving Medication in School

- **All children receiving prescribed medication in school *must* have a completed MED-1 form (Request for Administration of Medication) on file for the current school year.** This includes children who need to have inhalers in school to be used as needed for asthma as well as EpiPens for allergies.
- **Prescribed medication *must* be in the proper packaging.** The package must clearly display the student's name, the name of the medication, instructions for administration, and the date the prescription was filled. **Medications delivered in inappropriate bottles or packaging will not be accepted.**
- **The person delivering the prescribed medication to school must sign the MED-4 (Medication / Equipment received in School) Log** located in the Nurses office
- Prescribed medications will be administered by the School Nurse as directed. In the event that the nurse is not present, a nurse from another school may be administering the medication. In some cases, the parent may be asked to administer the prescribed medication if a nurse is unavailable or if a current MED-1 form is not on file for the current school year.
- Children who have medical conditions that require that they carry their own prescribed medication will be individually assessed to determine their eligibility to do so.
- **Please try to refrain from sending over-the-counter medications (such as cough medicine, pain relievers, vitamins, etc...) to school with your child unless absolutely necessary.**
- Acetaminophen(Tylenol) or Ibuprofen (Advil, Motrin) can be given by the School Nurse only if a completed S-865 (Student Emergency / Medical Information) form has been signed by a parent/guardian and submitted to the Nurses' office. These medications will not be given after 2:00pm.

If you have any questions or concerns, please contact the Nurses' office at 215-400-3590 extension 2. Thank you very much and have a nice day!