August 1, 2022

Hamjambo,

I hope this communication finds you and your family relaxed, safe, and healthy! My name is David A. Rosario aka "Baba Rose" and I am excited to serve as your new Director of Operations.

We are at the beginning of what is going to be an exciting and successful school year full of robust teaching and learning. We are still battling with unprecedented health elements but we will remain strong in our approach. As we press forward into the 2022-2023 school year, I would like to provide you with information concerning our school operations.

SCHOOL OPENING AND STUDENT SCHEDULE
The first instructional day for students is Monday, August 29, 2022. We will operate on a full, in person instructional schedule Monday through Friday. School begins each day at 8:00 AM and ends at 3:30 PM. Students may not arrive before 7:45 AM. We will resume our hot breakfast program. Breakfast will be served each day from 7:45 – 8:00 AM. Until our HASA program begins, all students must be picked up or leave the school campus promptly at 3:30 PM.

HEALTH AND SAFETY PROTOCOLS
To keep everyone safe and to comply with the CDC, state, and local guidance for K-12 schools, all individuals (students, staff, and contractors) are required to wear masks at all times. Additionally, we are limiting building access to all visitors. To begin our school year, all events, parent conferences, and meetings will be held virtually using Zoom until further notice. These modifications may change as we go forth. We will continue to clean and sanitize the building daily per the CDC guidelines. We will continue to exceed the CDC's air quality standards in all occupied spaces. All students are asked to bring a water bottle to use at the water fountains.

TECHNOLOGY ACCESS
We will strive to to maintain our 1:1 technology initiative, Chromebooks will be loaned to each student that needs one.

STUDENT EMAILS
All Harambee students are given email accounts that will allow them to access our online instructional platforms. These accounts are designed to be used for school assignments and projects. Students must receive a Harambee email to participate in the online instructional

platforms. The email naming convention (the format for the student's email account) will be firstname.lastname@histcs.org. No student may be assigned an email account without written parent/guardian consent. The parents of new students should read, sign (electronic signatures are accepted), and return the attached Student Email Consent Form to me at drosario@histcs.org by Friday, September 2, 2022. You will then
receive the login information, password, and instructions on how to access your child's Google account.

TRANSPORTATION

Transportation information has been submitted to all districts of residence. Eligible parents will receive their child's bus route and schedule from their district of residence during the week of August 22nd. For Philadelphia residents, Yellow Bus Transportation is provided for students in grades 1-6 who live 1.5
miles or more from the school. Students in grades 7-8 who live 1.5 miles or farther from the school are Education for Self-reliance 640 N 66th Street, Philadelphia, PA 19151 ¨ Tel: (215) 472-8770 ¨ Fax: (215) 472-9611 ¨ www.histcs.org eligible for free SEPTA Fare Cards. (If you would like to estimate the distance from your home address to school, Google's Walking Directions often matches the distance used by the District to determine
eligibility.) Mama Shakira will correspond with all students and families that are scheduled to receive a SEPTA Fare Card during the week of August 22nd to provide more details about the Fare Cards and to assist with the set up.

PARENT COMMUNICATION

We will continue to use our communication vehicles of email, Class Dojo, robocalls, and our Harambee website (www.histcs.org) to update you on school-wide information throughout school opening and during the school year. The best way to stay connected is through Class Dojo. Please be sure to join our school if you are not already connected. When teachers return, you will be added to your child's classroom on Class Dojo and in Google Classroom. Please accept the invitations that you receive via email and click "join" in Google Classroom to stay connected with your child's teacher. It is most important, especially in times like these, that we stay connected. To do so, we must have up-to-date contact information for you and your family. That said, we will continue to communicate with you through written communication, our monthly calendar, email, Class Dojo, and robocalls. Please email enrollment@histcs.org if you need to update your contact information (telephone number, email, and/or mailing address).

Please do not hesitate to email me (drosario@histcs.org) should you have any questions or concerns. Continue to take care of yourself and your family. Your health and safety matter!

Sincerely,

David A. Rosairo, M.Ed.
Baba Rose

Harambee Institute of Science & Technology Charter School
Gregory G.
Shannon, CEO

August 1, 2022,

Hamjambo,

On behalf of our entire Harambee Family, I am happy to welcome you to the 2022-2023 school year! We are looking forward to a great year and a productive partnership with you to ensure our children will achieve their highest potential. We recognize that to be successful in school, our children need support from both the home and school. We know a strong partnership with you will make a great difference in your child's education. As partners, we share the responsibility for our children's success and want you to know that we will do our very best to carry out our responsibilities. We ask that you guide and support your child's learning by ensuring that he/she:

1) Attends school daily and arrives on time, ready for the day's learning experience 2) Completes all school assignments, projects, and homework assigned by teachers 3) Reads daily (minimum 20 minutes)to develop a love for reading and to improve literacy skills 4) Shares school experiences with you so that you are aware of his/her school life 5) Informs you if he/she needs additional support in any area or subject 6) Know that you expect him/her to succeed in school and become a life-long learner.

Please review our academic highlights for the 2022-2023 school year:

English/Language Arts

The Journeys and Collections Literacy Curriculum serves as our core instructional resource. Journeys and Collections focus on explicit and systematic reading instruction; phonemic awareness, phonics, vocabulary development; reading fluency; and reading comprehension strategies.

We expand student knowledge through the love of reading. To instill strong foundational skills, our K-2 students receive 120 minutes of reading instruction per day. Our 3rd 8th-grade students are exposed to high-quality literature in the four main genres: poetry, fiction, nonfiction, and drama. This year we will be adding I-READY reading as an intervention program.

Math

The I-READY Math Curriculum serves as our core instructional resource. I- Ready Math focuses on differentiating instruction to meet student needs. Our math program emphasizes the Standards of Mathematical Practice and enables students to build knowledge from procedural fluency to conceptual understanding. i-Ready provides students with opportunities to apply mathematical concepts and skills to real-life situations. It also provides students with an online platform for both school and home use. Students in grades K-6 receive 90 minutes of mathematics instruction per day.

Science

The Science Dimensions Curriculum serves as our core instructional resource. Science Dimensions focuses on hands-on experiences to tie in what students are learning in theory and apply it to real-life applications. Our curriculum includes lessons on Life, Earth, and Physical Science.

Music

Music instruction at Harambee seeks to encourage creativity, self-expression, literacy, and math skills. Music is also strongly tied to our history and cultural traditions. Students receive instruction in African Drumming, recorder, digital, and vocal music.

Art

Visual arts instruction at Harambee encourages self-expression and creativity through the use of a variety of media including; painting, computer art, drawing, sculpture, photography, and textiles.

Cultural Awareness /African Martial Arts

At Harambee, we foster cultural awareness by educating the whole child to create and promote a culturally-based value system where they develop self-respect, self-reliance, citizenship, positive communication, and problem-solving skills. Each quarter students will explore a cultural theme. We all practice *The Harambee Way* to build our character and strengthen our commitment to our
people, and advance our knowledge of our culture. In essence, it is a paradigm that will aid in our liberation as African people.

Physical Development/Health

Our Physical development course encourages psychomotor learning by utilizing organized play and movement to promote overall health. All students receive instruction in physical development. We also offer opportunities for students to participate in organized sports.

Harambee has an active Wellness Committee, led by our school nurse, that engages parents, students, and staff in physical fitness, nutrition, and health education activities. Additionally, our staff and students have participated in fundraising and walk to support those affected by sickle cell anemia, breast cancer, autism, and juvenile diabetes.

Technology

Technology is entwined in almost all parts of our daily lives. Technology plays an important role in our classrooms. In some cases; Smartboards, iPads, and Chromebooks are replacing chalkboards, notepads, and textbooks. With the strong digital future that lies ahead of us, it is only natural that we are embracing the role technology can play in improving the learning experience for our students.

Additionally, technology in education is important because it helps prepare students for the future. It teaches 21st-century skills that are necessary to be successful in today's world. Now, a majority of jobs have a digital component that will only grow and get more complex as time goes on. Therefore, technology prepares students for their future.

Please feel free to contact me at Nbrown@histcs.org if you have any questions or concerns. Thank you for making Harambee your choice and entrusting us with your child's education. Please see the school supply lists attached and we look forward to seeing you soon.

Kikuyu	Twa	Asante
● 10pk of sharpened pencils ● crayons and colored pencils ● 2 black & white composition books and 2 pocket folders ● small whiteboard ● 1 pack of expo markers ● index cards (3x5) ● headphones ● clean white sock to clean whiteboards or whiteboard eraser ● glue sticks and 1 pair of scissors ● hand sanitizer, tissues, disinfecting wipes ***No personal pencil sharpeners, please!	● 10pk of sharpened pencils ● crayons and colored pencils ● 2 black & white composition books and 2 pocket folders ● small whiteboard ● 1 pack of expo markers ● index cards (3x5) ● headphones ● clean white sock to clean whiteboards or whiteboard eraser ● glue sticks and 1 pair of scissors ● hand sanitizer, tissues, disinfecting wipes ***No personal pencil sharpeners, please!	● Pencil Bag/ Box ● Crayons and colored pencils ● 10 Dry Erase Markers ● No. 2 pencils (2 packs of 12) ● Erasers ● Blunt-Tipped Scissors ● Marble Composition Books (4) ● Personal White Board/ Dry Erase Board (size 9x11) ● Plastic pocket Folders (2) ● Wide-Ruled Notebook or Filler Paper ● Water Bottle, (3)Hand Sanitizer,(3) boxes of tissue ***Please label supplies

*****Please remember to replenish supplies throughout the school year

Harambee Institute of Science & Technology Charter School
Gregory G.
Shannon, CEO

August 1, 2022

HamJambo,

Health Services

It is a pleasure to welcome you and your child back to school for the 2022-2023 school year. As we prepare for a fantastic year, our school nurse wants to help children obtain and maintain their optimum health. Together we can make health activities a positive learning experience. We need every child to have an updated health record. If you are new (your child(ren) did not attend during the 2021-2022 school year) to Harambee, your child will need to submit all health forms (see list below). If you are a returning student, please review each form's grade (Be Advised: Parents may be required to provide other documents if their child's health record is incomplete).

Health Forms (all forms must be signed and dated by a health professional after June 30, 2022)

- Annual Physical with Immunization record
  - All New Students to HISTCS
  - Grades K, 1, 6, 7, and 8
- Dental Examination
  - All New Students to HISTCS
  - Grades K, 1, 3, and 7
- Seizure Action Plan
  - All students that have a seizure disorder
- Allergy, Asthma, & Anaphylaxis Emergency Plan
  - All students that have allergies or asthma that is life-threatening and will require medical attention
- Medication Form
  - All students that require medication (prescribed by a doctor) to be administered during the school day (between 8:00 am – 3:30 pm)
  - Provide a copy of this form with the doctor's signature
  - Send medication in the prescription bottle (not expired) with the child's name and medication name, dosage, and prescribing doctor (all information must match the medication form)

Special Education

If your child is a new student and previously received special education support or services, please send a copy of the following documents:

- Individualized Education Plan (IEP)

- 504 Service Agreement
- Infant and Family Service Plan (IFSP)
- Early Intervention (EI),

If you do not have any of these documents, please contact Dr. Deleah Archer, Assistant Principal of Specialized Services. We will work with your child's previous school or provider to obtain these records.

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Child's name: _____ **Date of plan:** _____

Date of birth: ____/____/_____ **Age** _____ **Weight:** _____kg

Child has allergy to _____

Attach child's photo

Child has asthma. ☐ Yes ☐ No (If yes, higher chance severe reaction)
Child has had anaphylaxis. ☐ Yes ☐ No
Child may carry medicine. ☐ Yes ☐ No
Child may give him/herself medicine. ☐ Yes ☐ No (If child refuses/is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER
Anaphylaxis is a potentially life-threating, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis
What to look for

If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine**.

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

☐ **SPECIAL SITUATION**: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine**.

Give epinephrine!
What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
   - Ask for ambulance with epinephrine.
   - Tell rescue squad when epinephrine was given.
3. Stay with child and:
   - Call parents and child's doctor.
   - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
   - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
   - Antihistamine
   - Inhaler/bronchodilator

For Mild Allergic Reaction
What to look for

If child has had any mild symptoms, **monitor child.**
Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child
What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: ☐ 0.10 mg (7.5 kg to less than13 kg)*
☐ 0.15 mg (13 kg to less than 25 kg)
☐ 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____ (*Use 0.15 mg, if 0.10 mg is not available)

Other (for example, inhaler/bronchodilator if child has asthma): _____

_____ _____ _____ _____
Parent/Guardian Authorization Signature **Date** **Physician/HCP Authorization Signature** **Date**

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Child's name: _____ **Date of plan:** _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: _____

Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

SEIZURE ACTION PLAN (SAP)

EPILEPSY FOUNDATION | END EPILEPSY

Name: _____ Birth Date: _____

Address: _____ Phone: _____

Emergency Contact/Relationship _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

How to respond to a seizure (check all that apply) ☑

- ☐ First aid – **Stay. Safe. Side.**
- ☐ Give rescue therapy according to SAP
- ☐ Notify emergency contact
- ☐ Notify emergency contact at _____
- ☐ Call 911 for transport to _____
- ☐ Other _____

First aid for any seizure

- ☐ **STAY** calm, keep calm, **begin timing seizure**
- ☐ Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- ☐ **SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- ☐ **STAY** until recovered from seizure
- ☐ Swipe magnet for VNS
- ☐ Write down what happens _____
- ☐ Other _____

When to call 911

- ☐ Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- ☐ Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- ☐ Difficulty breathing after seizure
- ☐ Serious injury occurs or suspected, seizure in water

When to call your provider first

- ☐ Change in seizure type, number or pattern
- ☐ Person does not return to usual behavior (i.e., confused for a long period)
- ☐ First time seizure that stops on its' own
- ☐ Other medical problems or pregnancy need to be checked

When **rescue therapy** may be needed:

WHEN AND WHAT TO DO

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

Care after seizure

What type of help is needed? (describe) _____

When is person able to resume usual activity? _____

Special instructions

First Responders: _____

_____

Emergency Department: _____

_____

Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

Other information

Triggers: _____

Important Medical History _____

Allergies _____

Epilepsy Surgery (type, date, side effects) _____

Device: ☐ VNS ☐ RNS ☐ DBS Date Implanted _____

Diet Therapy ☐ Ketogenic ☐ Low Glycemic ☐ Modified Atkins ☐ Other (describe) _____

Special Instructions: _____

_____

Health care contacts

Epilepsy Provider: _____ Phone: _____

Primary Care: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

My signature _____ Date _____

Provider signature _____ Date _____

Epilepsy.com

Revised 01/2020 130SRP/PAB1216

EPILEPSY FOUNDATION | END EPILEPSY

THE SCHOOL DISTRICT OF PHILADELPHIA

SCHOOL HEALTH SERVICES

REQUEST FOR ADMINISTRATION OF MEDICATION

(PLEASE SEE MESSAGE TO PHYSICIAN AND PARENT ON BACK OF FORM)

PHYSICIAN, PLEASE NOTE: Fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/ treatment. A separate request is needed for each medication.

NAME OF PATIENT/STUDENT	ADDRESS/ZIP	ROOM/BOOK NO.
DATE OF BIRTH	SCHOOL	PID

DIAGNOSIS:

REASON MEDICATION MUST BE GIVEN IN SCHOOL:

NAME OF MEDJCATION:	DOSE:
TIME(S) TO BE GIVEN IN SCHOOL:	TOTAL DOSAGE PER 24 HRS:
DATE BEGIN:	DATE END:

INSTRUCTION FOR ADMINISTRATION/UTILIZATION:

CONTRAINDICATIONS:

SIDE EFFECTS: _____

TREATMENT OF SIDE EFFECTS/ACTION TO BE TAKEN: _____

RESTRICTION ON ACTIVITY: YES ☐ NO ☐

IF YES, DESCRIBE: _____

IS STUDENT TAKING ANY OTHER MEDICATION? YES ☐ NO ☐

IF YES, NAME OF MEDICATIONS: _____

PRINT NAME OF HEALTH CARE PROVIDER/CREDENTIALS	TELEPHONE
ADDRESS	EMERGENCY NUMBER
SIGNATURE OF HEALTH CARE PROVIDER	DATE SIGNED

I authorize licensed school personnel to administer the indicated medication as prescribed by my child's health care provider, whose signature appears on this form

My child may self-administer medication/equipment as determined appropriate by the school nurse.

I authorize the school nurse to communicate with my child's health care provider, and my health care provider to reply, as needed regarding this medication and/or my child's response.

PARENT SIGNATURE _____ TELEPHONE NUMBER _____

DATE SIGNED _____ EMERGENCY NUMBER _____

In accordance with school district procedure:

- I have assessed the student and s/he has demonstrated competency to self-administer medications.
  YES____NO_____
- The administration of this medication was approved on:

_____

SIGNATURE OF SCHOOL NURSE _____

TELEPHONE NUMBER OF SCHOOL NURSE _____

TO THE PHYSICIAN:
Your patient has requested that medication be administered in school. Ideally, the administration of medication should take place at home. However, for students who require medication during the school day in order to function in the classroom, School District Policy does permit licensed school staff to administer medication. In some cases, students may self-administer their medication.

IF YOUR PATIENT'S MEDICATION CANNOT BE ALTERED SO THAT ALL ARE RECEIVED AT HOME, PLEASE COMPLETE THE REQUEST ON THE REVERSE SIDE· A SEPARATE REQUEST IS REQUIRED FOR EACH MEDICATION OR TREATMENT.

Please fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment.

Thank you.

School Health Services

DEAR PARENT/GUARDIAN:

Some children need the administration of medication in order to function in the classroom. Ideally, this should take place at home. If your child's medication schedule cannot be altered and administered at home, you can request the medication to be given in school by seeing the school nurse.

Once the School Nurse has approved the request, you will be required to bring the medication to school properly labeled and packaged by a Registered Pharmacist. The medication bottle must have Saf-T-Closure Cap and the label must include:

- Patient Name
- Pharmacy Name
- Pharmacy Address and Phone#
- Prescription Number
- Prescription Date (current)
- Name of medication, dosage form, expiration date (if relevant)
- Instructions for administration
- Name of prescribing health care provider

This procedure must be repeated each school year and/or each time there is a change in dosage.

Parents/guardians must pick up unused or expired medication in person, or send an authorized responsible adult with a note from you. Unused medication which is not picked up within 10 days, or by the last day of school, will be destroyed/discarded.

If you have any questions on this procedure, please contact the school nurse.

. Thank you.

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 ☐ Inherited disease/syndrome ☐ Asthma/lung problems ☐ Kidney problems ☐ Behavioral health issue ☐ Seizure disorder ☐ Diabetes ☐ 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 ☐ QT syndrome ☐ Cardiomyopathy ☐ Marfan syndrome ☐ High blood pressure ☐ Ventricular tachycardia ☐ High cholesterol ☐ 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**			***ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS**
	NORMAL	***ABNORMAL**	**DEFER**	
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 ☐**

STUDENT NAME:

HEALTH CARE PROVIDERS: ***Please photocopy immunization history from student's record – OR – insert information below.***

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician ☐	Date:_____				
Varicella: Vaccine ☐ Disease ☐	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

 ADDITIONAL COMMENTS (PARENT / GUARDIAN / STUDENT / HEALTH CARE PROVIDER)
STUDENT NAME:

H514.027

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 or 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

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