Please complete, sign and return the first week of school.

Mercer Elementary School
Annual Health and Emergency Information 2024-2025

Grade_____Teacher_____

Name:_____Date of birth_____
Last First Middle

Primary contact:
Name_____Relation__Parent / __Guardian
Phone #1 _____Phone #2_____
Email:_____
Secondary contact:
Name_____Relation__Parent / __Guardian
Phone #1 _____Phone #2_____
Email:_____

If parents/guardians are unavailable, please list additional adults we may contact in case of illness/emergency:
#1 Name_____Phone #_____Relation_____
#2 Name_____Phone #_____Relation_____
#3 Name_____Phone #_____Relation_____
#4 Name_____Phone #_____Relation_____

Student's Physician_____Phone_____
Student's Dentist_____Phone_____

Does your child have any health issues or medical diagnosis? No_____ Yes_____
Describe_____
Any vision issues or hearing issues No____ Yes____if yes please explain_____
Does your child have a severe allergy (bee sting, food, latex, medication)?
No___ Yes____if yes please specify_____Treatment_____

If your child needs dietary modifications due to allergies, please contact the nurse as additional paperwork is required.

Current medications that your child is taking None_____ Yes_____(please list below)

Medication	Dosage	Diagnosis/Reason

Any medication needing to be given during school hours must follow Medication Policy and Procedure as stated in handbook. Medication is NOT to be transported to school by students.

PLEASE COMPLETE HEALTH INFORMATION ON THE BACK

I give my permission for my child to receive the following medications at school (check all that apply). *These medications will be dispensed at the nurse's discretion.

Tylenol/acetaminophen		Tums/antacid (for upset stomach)	
Advil/ibuprofen		Benadryl (for allergic reactions only)	
Cough drops		Orajel/Anbesol	

Additional information you would like to nurse to know:

MANDATED SCHOOL HEALTH SERVICES

Every child of school age attending or who should attend a public or private/non-public school within the Commonwealth of Pennsylvania must receive the following health services.

Physicals and dental exams by a licensed provider are required for the following grades:
Physical Exam—K, 6, and 11 Dental Exam—K, 3, and 7

Additional screenings performed by the school nurse:
Hearing—K-3, 7 and 11 Vision—All grades
Height and Weight—All grades Scoliosis—6 and 7

Immunizations for all grades routinely given prior to K, 7, 12 or submit exemption letter.
§ 23.84. Exemption from immunization**.** This code allows for the medical, religious and conscientious exemptions to immunizations as condition for school attendance, provides as follows:
(a) *Medical exemption.* Children need not be immunized if a physician or the physician's designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.
(b) *Religious exemption.* Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.

*Information that is health related and may affect your child during the school day will be shared with appropriate school personnel in a confidential manner. If there is a health issue your child's bus driver should know, please contact your driver.

*I consent to first aid, emergency care, and mandated screening as deemed necessary by the school nurse, physician and state. In a medical emergency I give permission to transport my child by ambulance to the nearest hospital.

Parent/Guardian signature_____**Date**_____