MT. LEBANON SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT
NEW STUDENT INFORMATION

Dear Parent/Guardian:

Welcome to our school district. We are pleased you will be joining our school community and hope that your family finds this to be a healthy and supportive learning environment. Please take a moment to read the following information about the nursing services provided at school. If your child has special health care needs, requires medication or health treatments during the school day, or has a chronic health condition, please contact your child's certified school nurse so that we can prepare for his/her entry into school.

MEDICAL INFORMATION:

Parents/Guardians are required to complete the Medical Information page on the parent/guardian Dashboard account for their child. This will need to be done when your child's registration is complete and your child has started school in the Mt. Lebanon School District and yearly thereafter. This will ensure that we have the most current medical information.

1. You will need to go into the parent/guardian Dashboard account, not the account belonging to your child.
2. Medical Information is located under the "FORMS" tab. Click Student Medical Information under that tab
3. Please enter this information for each student.
4. Students with more than one parent/guardian account or families who do not have computer access will need to contact their child's school nurse to request a hard copy of the Medical Information sheet. The parent/guardian will then need to complete the form and return it to their child's building. The building nursing staff will then transfer the information electronically.

IMMUNIZATIONS: (ALL GRADES)

All students are required to be in compliance with Pennsylvania and Allegheny County Health Department's Immunization regulations for school attendance. Please see the separate immunization regulations. To comply with these regulations, a copy of your child's immunization record must be submitted, reviewed and approved by the certified school nurse **before** your child can attend school.

HEALTH HISTORY:

Please complete both sides of the health history form and return to your child's nurse's office. This information is kept confidential and shared with appropriate school and medical personnel as deemed necessary.

HEALTH INSURANCE:

If your child does not have health insurance, free or low cost coverage is available through Pennsylvania Children's Health Insurance Program (CHIP). CHIP is administered by the Pennsylvania Insurance Department. For more information, please visit ww.chipcoverpakiksa.com or call 1-800-986-KIDS. Applications are also available in your child's school health office

HEALTH CARE TREATMENTS:

Basic health care (first aid) is available in the nurse's office for any illness or injury that occurs during the school day hours. The nurse cannot address injuries that occur at home. Parents are notified for an illness or injury if and as the case warrants.By law, the nurse is not permitted to make a diagnosis or prescribe treatment.

Students who have a temperature equal to or greater than 100 degrees, vomiting, or diarrhea and any other symptom deemed to be potentially contagious will be sent home and should remain at home until symptom free for 24 hours without the use of medication.

OVER →

Students who have a suspected contagious rash or disease will be sent home with a diagnostic referral. The diagnostic referral must be completed and the student cleared for re-admittance to school by a Pennsylvania Licensed Physician, Pennsylvania Physician's Assistant (PA) and/or a Pennsylvania Certified Registered Nurse Practitioner (CRNP) prior to the student returning to school. The student must then be signed in through the nurse's office for re-admittance to school. The school district follows the Allegheny County Health Department Guidelines for re-admittance to school following an illness or contagious disease referral. If a student is placed on antibiotics for a contagious illness, the student will need to be on antibiotics for 24 hours prior to their returning to school pending their diagnosis.

The district is not equipped to provide advanced emergency care. Students needing urgent or emergency care will be transported to an emergency care facility by a local ambulance service. Please notify the certified school nurse if your child has any health concerns that could result in the need for emergency services, or that need to be communicated to emergency personnel. **If 911 is called for your child due to an emergency, your child will need to have a medical clearance prior to their return to school from a Pennsylvania Licensed HealthCare Provider.**

The district maintains a policy of Universal or Standard Precautions (procedures that are designed to reduce the risk of transmission of bloodborne pathogens) to insure the health, safety and welfare of our students and staff. Students are taught about possible disease transmission through exposure to blood/body fluids. Students are to report any blood or body fluids spill to a teacher and are never to touch or clean-up another person's blood/body fluid spill.

MANDATED PROCEDURES:

Pennsylvania law mandates that the nursing staff completes the following **screenings:**

- Vision - Grades K-12 annually
- Hearing - Grades K-3, 7 and 11. Also parent or teacher referrals and students who have known hearing loss
- Height and Weight and BMI % - Grades K-12 annually
- Scoliosis - Grades 6 and 7

Referral forms are mailed home for students who do not pass the school screening and require a more thorough examination by his/her private health care provider.

Pennsylvania law mandates that a Pennsylvania Licensed Physician/Physician's Assistant or CRNP and Pennsylvania Licensed Dentist completes the following **examinations:**

- **Physical -** Grades K, 6, 11 and/or upon first enter into school in Pennsylvania
    - Children transferred from other school systems in Pennsylvania shall be examined as soon as possible after the transfer regardless of their age or grade if an adequate health record is not made available by the original school. Outside of Pennsylvania transfers/new students shall be required to have a new physical.
        - These examinations are at the parents expense and are to be submitted to your child's nurses office. The **physical examination should be submitted either before the child begins school or by December 1st of the child's school year.** If you prefer,upon parent/guardian request and permission, the school physician will complete the physical examination during the school year at the expense of the district.

- **Dental** - Grades K,3, 7 and/or upon first enter into school in Pennsylvania
    - Children transferred from other school systems in Pennsylvania shall be examined as soon as possible (either by their own dentist or the school dentist) after the transfer regardless of their age or grade, if an adequate health record is not made available by the original school. Outside of

Pennsylvania transfers/new students shall be required to have a new dental.

- These examinations are at the parents expense and are to be submitted to your child's nurses office. **The dental examination should either be submitted before the child begins school or by December 1st of the child's school year. If the dental examination is not submitted by December 1st, your child will be automatically scheduled with the school dentist during the school year at the district's expense.**

Parents are encouraged to have the physical/dental examinations performed by their child's Pennsylvania Licensed Healthcare provider, since he/she is aware of their child's health history and status.

MEDICATION (PRESCRIPTION AND NON-PRESCRIPTION)

The administration of medication, both prescription and non-prescription, during school hours, is strongly discouraged for safety reasons and to limit traffic in the nurse's office. However, if a Pennsylvania Licensed Physician, Physicians Assistant and/or Certified Registered Nurse Practitioner deems it medically necessary for a student to take an FDA approved medication, either prescription or non-prescription, during the school day, please abide by the following procedure:

- Medication orders must be dated on or after July 1st of the new school year
- Both prescription and over the counter (non-prescription) medications require an order from a licensed prescriber.
- A new medication order is required for each medication that the student is prescribed (example: Benadryl and an Epinephrine Auto Injector need two (2) different orders).
- Each medication requires the signature of a Pennsylvania Licensed MD/DO, CRNP or PA **AND** the student's parent/guardian. The medication form must be turned in to the nurse's office before any medication can be given by the nurse.
- Prescription medication must come in the labeled pharmacy container with the current dosing instructions on the label.
    - Each time there would be a dosage change of the same medication, along with a new order, a new pharmacy labeled container with new instructions must be submitted.
- Over the counter medication must come in the original, unopened container and must match the dosage/type on the medication form. (example: if *liquid* Tylenol is ordered then *liqui*d Tylenol must be brought in).
- Please be mindful of the medication's expiration date. Expired medications cannot be administered in the school district.
- No Herbal remedies/oils are FDA approved for administration in a school setting

It is the responsibility of the student to report to the nurse's office for his/her medication. Please remember that your child may not receive his/her medication if these procedures are not followed.

Per the state of Pennsylvania, students are only permitted to self carry/self-administer the following medications:

- Epinephrine Auto Injectors
- Rescue Inhalers
- Diabetic Supplies/Medication
- Non-Aerosol Sunscreen

In order for students to self- carry/self-administer the above mentioned emergency medications the following steps are required:

- All paperwork must be completed and submitted to the nurse's office for review and assessment.
- **Refer to the Medication Policy for complete details on medication administration.**
- If you have questions concerning the above information or other areas pertaining to health services, please contact your child's certified school nurse. Thank you ~ THe Nursing Services Department

Mt. Lebanon School District

Health Services
7 Horsman Drive, Pitts., PA 15228
412-344-2049

HEALTH HISTORY (parent completes)

Student's Name_____Grade_____ Date of Birth_____

Street Address_____

City_____Zip _____ Cell/Home Phone_____

Siblings name	Birth Date School	Grade

Name and address of school last attended:

Name of school:

Address of school:

Physician:_____ Phone Number:_____

Dentist:_____ Phone Number: _____

Medication: (please list all medications taken):

At Home: _____

At School:_____

If required at school, complete form ***- Authorization for Medication****)*

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STUDENT NAME:_____ **GRADE:**_____

TO BE COMPLETED BY PARENT

Please check ✔ ALL that applies to your child

Anxiety		Developmental Delay		Nosebleeds	
Arthritis		Diabetes Type 1		Orthopedic Condition	
Asthma		Diabetes Type 2		Rheumatic Disease	
Attention Deficit Disorder		Dietary Restrictions		Sickle Cell	
Autoimmune Disorder		Epilepsy/Seizure		Speech Difficulty Disorder	
Bladder/Bowel Control		Gastrointestinal		Spina Bifida Condition	
Bleeding Disorder		Hearing Deficit (right/left)		TB Exposure	
Blood Pressure Issues - (high or low)		Immunocompromised		Thyroid Condition - specify	
Cancer		Inflammatory Bowel Disease		Tourette's Syndrome	
Cardiovascular Condition - specify		Kidney Condition		Vision: Eye Surgery - specify	
Cerebral Palsy		Mental Health Diagnosis		Severe Vision Loss - right/left	
Chicken Pox (date)		Migraines			
Color Vision Deficiency		Neurological Disorder			
Dental Condition					

*Explain above check marks:*_____

*Allergies/Reaction:*_____

*Previous Surgeries/Dates:*_____

Other: _____

I understand and agree that any and all of this information may be shared with appropriate school personnel.

_____ _____

Parent/Guardian Signature Date

_____ _____

Signature of Certified School Nurse Date

Health Services
7 Horsman Drive, Pitts., PA 15228
412-344-2049

Mt. Lebanon School District

IMMUNIZATION REQUIREMENTS

Pennsylvania and Allegheny County Health Department (ACHD) Immunization Requirement per 28 PA Code Chapter 23, Subchapter C, requires that all children show proof of immunizations **before** they may attend any public, private, charter or home school in the Commonwealth. **Your child will not be permitted to attend school until you have submitted documentation of the required immunizations and they have been received and approved by the Certified School Nurse.**

Students who are entering school are required to have the following properly spaced vaccines: ● **4** doses of tetanus,diphtheria,and acellular pertussis (usually given as DTP; DTaP; DT or TD; **NOT** Tdap) ○ 1 dose on or after the 4th birthday
- ○ 3 doses if series **started after 7** years of age
- ● **4** does of polio
  - ○ 4th does on or after the 4th birthday and at least 6 months after previous dose
  - ○ 3 doses if 3rd dose **given at 4 years of age or older and at least 6 months after previous dose** ● **2** doses of measle, mumps, rubella (usually given as MMR)
  - ○ 1st does on or after the 1st birthday
- ● **3** doses of hepatitis B - properly spaced
- ● **2** doses of varicella (chicken pox)
  - ○ 1st dose on or after 1st birthday
  - ○ Or written statement from parent or health care professional indicating month/year of disease
  - ○ Or proof of immunity by blood test - giving specific titer

Students who are in **Grades 7-11** are required to have the following vaccines in addition to the above vaccines:
- ● **1 dose** of tetanus/diphtheria/pertussis (Tdap) (required at 11-12 years of age)
- ● **1 dose** of meningococcal conjugate (MCV4 #1)

Students who are entering **Grade 12** are required to have the following vaccine in addition to the above vaccines:
- ● **2nd dose** of meningococcal conjugate (MCV #2)

EXEMPTIONS

MEDICAL Exemption: If the physical condition of your child is such that immunization would endanger life or health, a medical exemption must be submitted. Only licensed medical doctors and doctors of osteopathy and designated Health Department personnel may waive immunization requirements. **Chiropractors' certification for medical exemptions are not acceptable by law**. If a medical exemption is for a specific antigen(s) this should be indicated in the statement of exemption. All other immunizations will still be required. These statements of exemption must be written by the appropriate medical personnel and submitted to the Certified School Nurse **prior to your child entering school.**

RELIGIOUS Exemption: This includes a strong or ethical conviction similar to a religious belief. The Certified School Nurse must be notified by the parent in writing of the reasons for this exemption **prior to your child entering school**. Each grade level that a new vaccine is required, a new exemption may be required.

If a child is exempt from immunizations and vaccine-preventable disease outbreak occurs, he/she may be excluded from school per the direction from Allegheny County Health Department. 1/2023



ALLEGHENY COUNTY HEALTH DEPARTMENT IMMUNIZATION CLINIC INFORMATION

The ACHD encourages parents to make sure children are up to date on their vaccinations before returning to school. Parents can schedule an appointment today with their child's doctor, at any Federally Qualified Health Center, or at the ACHD's Immunization Clinic.

ACHD Immunization Clinic
Hartley-Rose Building (entrance on Cherry Way)
425 First Avenue, 4th Floor
Pittsburgh PA 15219

Google Directions

Extended clinic hours are offered every Thursday from 4:30 pm to 7:00 pm.

To schedule an appointment, call 412-578-8062. Appointments are preferred and are given priority. Walk-ins are also accepted. Parents are reminded to bring ID and a copy of their child's vaccination records

IMPORTANT LINKS:

- PA Department of Health School Vaccination Info for Parents
- PA Department of Health School Vaccination Requirements

Mt. Lebanon School District

Health Services
7 Horsman Drive, Pitts., PA 15228
412-344-2049

Authorization for Medication

For safety reasons, the administration of student medicines, either prescription or non prescription, during school hours is strongly discouraged.

If a physician deems it necessary for your child to take medications, either prescription or nonprescription during the school day, the **AUTHORIZATION FOR MEDICATION FORM** (reverse side) must be completed by **both** a parent/guardian and physician and returned to your child's health office prior to any medication being administered.

The following summarizes the procedure:

- ***Physician orders MUST be dated July 1st or after for the upcoming school year***
- *Prescription medication must be in the current and appropriate labeled pharmacy container.*
- *Over the counter medication must be in the original, unopened container and the type of over the counter medication must match the physician's orders.*
- *A new form completed by **both** the physician and parent is required for **each medication**, medication change, dose change and for each new school year.*
- *A new, updated Prescription bottle is required for ANY medication changes*
- *It is the responsibility of your child to report to the health office for their medication.*
- *Emergency medications (Epinephrine Auto injector and/or Rescue inhaler Diabetic Supplies and/or Non-Aerosol Sunscreen) may be carried/Administered by students after completion of:*

  Authorization for Medication Form
  Self Carry/Self Administration Form

Please remember that your child may not receive his/her medication if these procedures are not followed.

Please feel free to contact your child's school-certified nurse if you have any questions or concerns regarding this matter.

Thank you for your cooperation.
Health Service Department

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Mt. LEBANON SCHOOL DISTRICT HEALTH SERVICES

Authorization for Medication, prescription and non-prescription, to be given during school hours

Student's Name:_____ ID# _____School_____

Date of Birth_____ Grade/Homeroom_____

Licensed Prescriber Name_____ Phone Number_____

TO BE COMPLETED BY LICENSED PRESCRIBER:

MEDICATION:	
DOSAGE/ROUTE:	
TIME OF ADMINISTRATION:	**Routine** ⬜ **Time_____** **PRN** ⬜ **Frequency _____**
LENGTH OF ADMINISTRATION: (i.e. the school year or a shorter time)	
REASON FOR MEDICATION:	
ADMINISTRATION INSTRUCTIONS:	
SIDE EFFECTS:	
SELF-ADMINISTRATION/SELF-CARRY: (This student is authorized to self-carry/self-administer his/her Rescue Inhaler and/or Auto Injecting Epinephrine and/or Diabetic Supplies/Medication and/or Non-Aerosol Sunscreen)	**YES** ⬜ **LICENSED PRESCRIBER INITIALS_____** **NO** ⬜ **LICENSED PRESCRIBER INITIALS_____**
SIGNATURE OF LICENSED PRESCRIBER:	
DATE:	

TO BE COMPLETED BY PARENT/GUARDIAN:

In consideration of Mt. Lebanon School District granting our request to dispense certain medication to our child and/or allow self-administration of medication, the undersigned parents/guardians, on our own behalf and on behalf of our minor child, hereby release, indemnify and hold harmless Mt. Lebanon School District and its School Board, Administrators, Teachers, Secretaries, Nurses and Employees from and against any and all claims, damages, actions or causes of action resulting and/or arising out of or connected directly or indirectly with the request for or the dispensing of medication listed above to our said child. **I understand and agree that medical information may be shared with appropriate personnel. I authorize my child's physician to release any medical information that may be required by district personnel. I understand and agree that emergency medication may be administered by District employees who are not nurses. Medications not Picked up on the last day of the school year will be properly disposed of.**

Parent/Guardian Signature_____ Date_____

Telephone _____

Health Services
7 Hoffman Drive, Pitts., PA 15228
412-344-2849

Mt. LEBANON SCHOOL DISTRICT HEALTH SERVICES

*These two links take you to additional paperwork from the Pennsylvania Department of Health that must be completed prior to enrollment.

Additional Paperwork to be completed:

Dental Examination - LINK HERE

Physical Examination - LINK HERE