School Health Services Policy

The Maritime Academy Charter School provides the following health services for children of school age who are attending or who should attend an elementary, grade or high school. As required by the Pennsylvania Public School Code, the following health services are administered to students attending the Maritime Academy Charter School by our registered nurses:

1. Medical examinations
   a. Medical Examination (relating to required health services) shall be provided on original entry into school, and in grade 6 and in grade 11.
2. Scoliosis Screening (curvature of the back)
   a. Screening shall be administered in grades 6 and 7 and to age-appropriate students in ungraded classes.
3. Dental examinations
   a. Dental exams shall be administered upon original entry into the school and in grades 3 and 7.
4. Vision screening tests
   a. Screening – All grades K-12
5. Hearing screening tests
   a. Screening – Grades K, 1, 2, 3, 7, 11
6. Threshold Hearing screening tests
7. Height and weight measurements
   a. Growth Screening - All grades K-12
8. Physical Examinations
   a. Examinations for students in grades 6 and 11.
10. Tuberculosis tests
    a. A test for tuberculosis shall be administered upon original entry into the school and in grade 9.
11. Administer doctor prescribed medications
12. Perform nursing procedures
13. Provide health counseling and referrals
14. Provide case management
15. Medical care for illnesses, injuries and emergencies
16. Special examinations

Nurses maintain health and immunization records and actively work with other members of the medical and educational teams to promote each student’s optimal level of physical, mental and social wellness.

Approved by the Board of Directors on 4/21/2021
Provision of School Health Services and Mandated School Health Services

School entities are to provide the following health services for students who attend or who should attend an elementary, grade or high school, either public or private, and children who are attending a kindergarten which is an integral part of a local school district. These requirements also apply to students who are home schooled.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>K</th>
<th>1</th>
<th>2</th>
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<th>4</th>
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<th>10</th>
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<td>X</td>
<td>*Required on original entry- K or 1st grade</td>
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<td>Maintenance of Health Record</td>
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<tr>
<td>Dental Examination</td>
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<td>*Required on original entry- K or 1st grade</td>
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<td>Hearing Screen</td>
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<td>6th grade physical may be used in lieu of 6th grade screen</td>
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<td>Tuberculin Test</td>
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<td>X</td>
<td>*Required on original entry- K or 1st grade. Unless approved to discontinue</td>
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<tr>
<td>Vision Screen-Far Visual Acuity Test</td>
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<td>X</td>
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<td>Vision Screen-Near Visual Acuity Test</td>
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<td>Vision Screen-Convex Lens Test</td>
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<td>X</td>
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<td>1st grade students meeting criteria &amp; new students (any grade) not previously screened</td>
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<td>Vision Screen-Color Vision Test</td>
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<td>X</td>
<td>*1st or 2nd grade &amp; new students (any grade) not previously screened</td>
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<tr>
<td>Vision Screen-Stereo/Depth Perception Test</td>
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<td>*</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>*1st or 2nd grade &amp; new students (any grade) not previously screened</td>
</tr>
</tbody>
</table>

Approved by the Board of Directors on 4/21/2021
MARITIME ACADEMY CHARTER SCHOOL

ADDITIONAL HEALTH SERVICES

Maritime Academy Charter School recognizes that student health, wellness, and proper nutrition are related to students’ physical well-being, growth, development, and readiness to learn. The school is committed to providing an environment that promotes student health, wellness, proper nutrition, nutrition education, and regular physical activity as part of the total learning experience. Maritime Academy students will learn about and participate in positive dietary and lifestyle practices that can improve student achievement.

STUDENT HEALTH SERVICES

PA Public School Code 23
In accordance with the Pennsylvania Department of Health, Division of School Health. Pennsylvania law also requires that all students show evidence of having received the mandated immunizations, at the correct intervals, at each grade level, in order to attend school.

- 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 all of the required vaccinations or risk exclusion.
- If a child does not have all required doses of the mandated immunizations, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five (5) 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 within the first five (5) 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 within the first five (5) days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.
- These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if a child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.
- Parents must present a signed statement explaining any grounds for exemption at the time of registration.

WELLNESS SERVICES

To ensure the health and well-being of all students, the school shall provide to students:

- A comprehensive nutrition program consistent with federal and state requirements.
- Access, at reasonable cost, to foods and beverages that meet established nutritional guidelines.
- Physical education courses and opportunities for developmentally appropriate physical activity during the school day.
- Curriculum and programs for grades K-12 that are designed to educate students about proper nutrition and lifelong physical activity.

The Chief Executive Officer shall be responsible to monitor the program and curriculum to ensure compliance with this policy.

The Chief Executive Officer shall report to the Board on compliance with law and policies related to student wellness. The report will include:

- Assessment of school environment regarding student wellness issues.

Approved by the Board of Directors on 4/21/2021
• Evaluation of food services program.
• Review of all foods and beverages sold in schools for compliance with established nutrition guidelines.
• Listing of activities and programs conducted to promote nutrition and physical activity.
• Recommendations for policy and/or program revisions.
• Suggestions for improvement in specific areas.

**Nutrition Education**

• Nutrition education will be provided within the sequential, comprehensive health education program in accordance with State Board of Education curriculum regulations and the academic standards for Health, Safety and Physical Education, and Family and Consumer Sciences.
• Nutrition education shall provide all students with the knowledge and skills needed to lead healthy lives.
• Nutrition education lessons and activities shall be age-appropriate.
• Lifelong lifestyle balance shall be reinforced by linking nutrition education and physical activity.
• The staff responsible for providing nutrition education shall be properly trained and prepared and shall participate in appropriate professional development.
• School staff will cooperate with agencies and community organizations to provide opportunities for appropriate student projects related to nutrition.
• Consistent nutrition messages shall be disseminated throughout the school year.

**Physical Activity**

• MACS shall provide opportunities for developmentally appropriate physical activity during the school day for all students.
• MACS will identify ways to contribute to the effort to provide students opportunities to accumulate at least sixty (60) minutes of age-appropriate physical activity on all or most days of the week. That time will include physical activity outside the school environment, such as outdoor play at home, and sports.
• Students shall participate daily in a variety of age-appropriate physical activities designed to achieve optimal health, wellness, fitness, and performance benefits.
• Age-appropriate physical activity opportunities, such as recess; before and after school; during lunch; clubs; intramurals; and interscholastic athletics, shall be provided to meet the needs and interests of all students, in addition to planned physical education.
• A physical and social environment that encourages safe and enjoyable activity for all students will be maintained.
• Extended periods of student inactivity, two (2) hours or more, will be discouraged.

**STUDENT WELLNESS**

• Physical education classes shall be the means through which all students learn, practice and are assessed on developmentally appropriate skills and knowledge necessary for lifelong, health-enhancing physical activity.
• A comprehensive physical education course of study that focuses on providing students the skills, knowledge and confidence to participate in lifelong, health enhancing physical activity shall be implemented.
• A varied and comprehensive curriculum that leads to students becoming and remaining physically active for a lifetime shall be provided in the physical education program.
• A sequential physical education program consistent with State Board of Education curriculum regulations and Health, Safety and Physical Education academic standards shall be developed and implemented.
• Adequate amounts of planned instruction shall be provided in order for students to achieve the proficient level for the Health, Safety and Physical Education academic standards.
• A local assessment system shall be implemented to track student progress on the Health, Safety and Physical Education academic standards.
• Students shall be moderately to vigorously active as much time as possible during a physical education class. Documented medical conditions and disabilities shall be accommodated during class.

*Approved by the Board of Directors on 4/21/2021*
- Safe and adequate equipment, facilities and resources shall be provided for physical education courses.
- Physical education shall be taught by certified health and physical education teachers.

**Other School Wellness Activities**
- Students shall be provided a clean and safe meal environment.
- Students shall be provided adequate time to eat: ten (10) minutes sit down time for breakfast; twenty (20) minutes sit down time for lunch.
- Drinking water shall be available at all meal periods and throughout the school day.
- Students shall have access to hand washing or sanitizing before meals and snacks.
- To the extent possible, MACS shall use available funding and outside programs to enhance student wellness.
- Goals of the Student Wellness Policy shall be considered in planning all school based activities.

**Nutrition Guidelines**
- All foods available in school during the school day shall be offered to students with consideration for promoting student health and reducing childhood obesity.
- Foods provided through the National School Lunch or School Breakfast Programs shall comply with federal nutrition standards under the School Meals Initiative.
- Competitive foods are defined as foods offered at school other than through the National School Lunch or School Breakfast Programs and include a la carte foods, snacks and beverages, vending food, school store food, fundraisers, classroom parties, holiday celebrations, and food from home.
- Competitive foods available to students in school shall comply with the Nutritional Standards for Competitive Foods in Pennsylvania Schools.
- All competitive foods available to students in the school shall comply with established nutrition guidelines as expressed in the school Wellness Policy.

**Safe Routes to School**
- Maritime Academy Charter School shall assess and, to the extent possible, implement improvements to make walking and biking to school safer and easier for students.
- Maritime Academy Charter School shall cooperate with local authorities, public safety agencies, police departments, and community organizations to develop and maintain safe routes to school.
- Maritime Academy Charter School shall seek and utilize available federal and state funding for safe routes to school, when appropriate.

Approved by the Board of Directors on 4/21/2021
REQUEST FOR MEDICAL/HEALTH INFORMATION

Dear Parent/Guardian: We would like to update our health records to more effectively assist your child in case of an emergency.

Student Name: ___________________________ Grade _______ DOB: ________________

1. Has student been under care for any medical problems? Yes______ No______
   If yes, please list reason:_________________________________________________________________

2. If your child has an underlying medical issue, when did such an issue last occur?__________________________

3. Does your child take regular medications? Yes______ No______
   If yes, please give name of medicine, dosage, and time(s) given:__________________________

4. Will your child need administration of this regular medication during school hours? Yes______ No______

If Yes, Physician’s Prescription Required

5. Do we have permission to administer your child’s regular medication? Yes______ No______

6. Do we have permission to administer over-the-counter pain relievers such as Advil or Tylenol for a
   minor ailment (e.g. headaches)  Yes______ No______

7. ALLERGIES: _______________REACTION: _______________TREATMENT PLAN: _______________

8. Any special instructions concerning physical education (gym)? Yes______ No______
   If yes, what are the limitations? __________________________________________________________________

9. Due to a disability, does your child need accommodations or related services? Yes______ No______
   What accommodations are needed? __________________________________________________________________

10. Doctor, clinic, health or medical center that cares for student: ________________________________
    Address: ____________________________________________________________________________
    Phone#: ____________________________________________________________________________
    Insurance Provider: __________________________________________________________________
    Group#: ____________________________________________________________________________
    Subscriber #: ______________________________________________________________________

   Emergency Contact

Name: ___________________________ Home #: ___________________________ Cell #: ________________

Relationship to child: ________________________________________________________________

Name: ___________________________ Home #: ___________________________ Cell #: ________________

Relationship to child: ________________________________________________________________

I authorize the School Nurse to share this information with school staff as necessary.
Signature of Parent/Guardian/Date: I authorize the School Nurse to communicate with my child’s
healthcare provider, and I authorize my child’s healthcare provider to communicate with the School
Nurse regarding my child’s care.

Parent Signature: ___________________________ Date: ___________________________

Approved by the Board of Directors on 4/21/2021
MEDICAL PLAN OF CARE FOR SCHOOL FOOD SERVICE
CHILDREN WITH DISABILITIES AND SPECIAL DIETARY NEEDS

Schools participating in a federal school meal program (National School Lunch Program, School Breakfast Program, Fresh Fruit and Vegetable Program, Special Milk Program, and Afterschool Snack Program) are required to make reasonable accommodations for children who are unable to eat the school meals because of a disability that restricts the diet.

1. Licensed Medical Authority's Statement for Children with Disabilities
U.S. Department of Agriculture (USDA) regulations at 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. School food authorities must provide modifications for children on a case-by-case basis when requests are supported by a written statement from a state licensed medical authority.

The third page of this document ("Medical Plan of Care for School Food Service") may be used to obtain the required information from the licensed medical authority. For this purpose, a state licensed medical authority in Pennsylvania includes a:

- Physician,
- Physician assistant,
- Certified registered nurse practitioner, or
- Dentist.

The written medical statement must include:
- An explanation of how the child's physical or mental impairment restricts the child's diet;
- An explanation of what must be done to accommodate the child; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

2. Other Special Dietary Needs
School food service staff may make food substitutions for individual children who do not have a medical statement on file. Such determinations are made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements. Schools are encouraged, but not required, to have documentation on file when making menu modifications within the meal pattern.

Special dietary needs and requests, including those related to general health concerns, personal references, and moral or religious convictions, are not disabilities and are optional for school food authorities to accommodate. Meal modifications for non-disability reasons are reimbursable provided that these meals adhere to Program regulations.

3. Rehabilitation Act of 1973 and the Americans with Disabilities Act
Under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008, a person with a disability means any person who has a physical or mental impairment that substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment. A physical or mental impairment does not need to be life threatening in order to constitute a disability. If it limits a major life activity, it is considered a disability.

Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Approved by the Board of Directors on 4/21/2021
4. Individuals with Disabilities Education Act
A child with a disability under Part B of the Individuals with Disabilities Education Act (IDEA) is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child’s IEP, school officials need to ensure that school food service staff is involved early in decisions regarding special meals. If an IEP or 504 plan includes the same information that is required on a medical statement (see section 1, above), then it is not necessary to get a separate medical statement.

School Nutrition Program Contact
For more information about requesting accommodations to school meals and the meal service for students with disabilities, please contact:
1) Kimberley Bonanni, Director of Special Education, 215-535-4555, #321; email: bonanni.k@maritimecharter.org
2) Peter Saunders, ES/MS Principal, 215-535-4555, #229; email: Saunders.p@maritimecharter.org
3) Lucy Feria, HS Principal, 215-427-3090, #450, email: feria.l@maritimecharter.org

USDA Nondiscrimination Statement
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.ascr.usda.gov/oasr/how-to-file-a-program-discrimination-complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW Washington, D.C. 20250-9410;

2. fax: (202) 690-7442; or

3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child’s school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.
Medical Plan of Care for School Food Service

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Date of Birth</th>
<th>Grade Level/Classroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School/Site</td>
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<td></td>
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<tr>
<td>Name of Parent/Guardian</td>
<td>Phone Number of Parent/Guardian</td>
<td></td>
</tr>
<tr>
<td>Signature of Parent/Guardian</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

1. Provide an explanation below of how the student's physical or mental impairment restricts the student's diet:

2. Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the student's needs:

3. List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate. Foods to be omitted:

   Suggested substitutions:

4. Indicate texture modifications, if applicable:
   - Chopped/Cut into bite-sized pieces
   - Diced/Finely Ground
   - Pureed
   - Other:

5. List any required special adaptive equipment:

<table>
<thead>
<tr>
<th>Name of Physician/Medical Authority &amp; Title (Please Print)</th>
<th>Provider Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Physician/Medical Authority</td>
<td>Date</td>
</tr>
</tbody>
</table>

**Signing the following section is optional but may prevent delays by allowing the school to speak with the physician/medical authority.**

Health Insurance Portability and Accountability Act Waiver

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize __________________________ (medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to __________________________ (school/program) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child with the school program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on __________________________ (date). This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the parent, guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.

Parent/Guardian Signature: __________________________ Date: __________________________
Dental Health

Pursuant to the Public School Code, Maritime Academy Charter School offers in-school dental examinations to students upon original entry into the school, while in the third grade and while in the seventh grade.¹ In lieu of in-school dental exams, families may also take their child to a private dentist of their choosing. If a private dentist shall be chosen, parents must furnish Maritime Academy Charter School with a dental report of the examination made at their own expense by their family dentist.² A copy of this report of private dental examination is located on the following page.

If you do not choose to take your child to a private dentist and prefer to have an in-school dental examination at Maritime Academy Charter School, you do not need to fill out the Report of Private Dental Examination located on the following page.

¹ Article 14 of the Public School Code:
§ 14-1403 Dental examinations and dental hygiene services
(a) [Mandated Dental Program] All children of school age, in the Commonwealth, (i) upon original entry into the school, (ii) while in the third grade, and (iii) while in the seventh grade shall be given a dental examination by a school dentist: Provided, however, That this requirement shall not apply to those school districts or joint school boards which have instituted a program of dental hygiene services as provided in subsection (b) of this section.
(b) [Dental Hygiene Services Program] Any school district or joint school board may institute a program of dental hygiene services for children of school age, which program shall be approved by the Secretary of Health, and for that purpose may employ dental hygienists.

² Article 14 of the Public School Code:
§ 14-1407 Examinations by examiners of own choice
In lieu of the medical or dental examinations prescribed by this article, any child of school age may furnish the local school officials with a medical or dental report of examination made at his own expense by his family physician or family dentist on a form approved by the Secretary of Health for this purpose. The in lieu examinations shall be made and the report shall be furnished prior to the date fixed for the regularly scheduled examination but no earlier than four months prior to the opening of the school term during which the regular examination is scheduled.
**REPORT OF PRIVATE DENTAL EXAMINATION**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Student ID</th>
<th>Date Issued</th>
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<table>
<thead>
<tr>
<th>Name of Student</th>
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<tbody>
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**TO THE DENTIST**

Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).

These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student’s dental examination or record the data below.

Thank you for your cooperation.

<table>
<thead>
<tr>
<th>UNDER TREATMENT / WORK BEGUN</th>
<th>COMPLETION OF WORK / NO TREATMENT NECESSARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Work Begun</td>
<td>____No Treatment Required Now</td>
</tr>
<tr>
<td>Scheduled Follow-up Appointment</td>
<td>____All Necessary Dental Work Completed</td>
</tr>
<tr>
<td>Date of Dental Examination</td>
<td>Expected Completion Date</td>
</tr>
</tbody>
</table>

**Comments / Follow-up Treatment / Special Instructions to School**

<table>
<thead>
<tr>
<th>Name of Dentist</th>
<th>Telephone</th>
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<tr>
<th>Signature of Dentist</th>
<th>Date Signed</th>
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<th>Address</th>
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**IMPORTANT:**

Return this form to: Certified School Nurse/Practitioner:
Maritime Academy Charter School
2275 Bridge Street, Building 11
Philadelphia, PA 19137
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.

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.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

Pennsylvania’s school immunization requirements can be found in 28 Pa.COE CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.
PARA ASISTIR A TODOS LOS GRADOS, LOS NIÑOS NECESITAN LAS SIGUIENTES VACUNAS:

- 4 dosis de la vacuna contra el tétanos, la difteria y la tos ferina acelular* (1 dosis a partir de cumplir los 4 años)
- 4 dosis de la vacuna antipoliomielítica (4ta dosis a partir de cumplir los 4 años y, al menos, 6 meses después de la dosis anterior)**
- 2 dosis de la vacuna contra el sarampión, las papas y la rubéola***
- 3 dosis de la vacuna contra la hepatitis B
- 2 dosis de la vacuna contra la varicela o evidencia de inmunidad

* Por lo general, se aplica como DTP o DTaP o, si es recomendable desde el punto de vista médico, como DT oTd.
** No es necesaria una cuarta dosis si la tercera dosis se administró a partir de los 4 años de edad y, al menos, 6 meses después de la dosis anterior.
*** Por lo general, se aplica como MMR.

EL PRIMER DÍA DE ESCUELA, a menos que el niño tenga una exención médica, religiosa o filosófica, debe haber recibido, al menos, una dosis de las vacunas antes mencionadas o corre el riesgo de ser excluido de la escuela.

- Si el niño no tiene todas las dosis antes mencionadas, si necesita dosis adicionales y la siguiente dosis es apropiada desde el punto de vista médico, debe recibir dichas dosis en el transcurso de los primeros cinco días de clases y corre el riesgo de ser excluido de la escuela. Si la siguiente dosis no es la dosis final del esquema, debe presentar también un plan médico (tarjeta roja y blanca), en el transcurso de los primeros cinco días de clases, para recibir las vacunas obligatorias o corre el riesgo de ser excluido de la escuela.

- Si el niño no tiene todas las dosis antes mencionada, si necesita dosis adicionales y la siguiente dosis no es apropiada desde el punto de vista médico, debe presentar un plan médico (tarjeta roja y blanca), en el transcurso de los primeros cinco días de clases, para recibir las vacunas obligatorias o corre el riesgo de ser excluido de la escuela.

- Se debe cumplir con el plan médico o el niño corre el riesgo de ser excluido de la escuela.

PARA ASISTIR A 7º GRADO:

- 1 dosis de la vacuna contra el tétanos, la difteria y la tos ferina acelular (Tdap) el primer día de 7º grado.
- 1 dosis de la vacuna antinfluenzal contrainfluenzal (2da dosis) el primer día de 7º grado.

EL PRIMER DÍA DE 7º GRADO, a menos que el niño tenga una exención médica, religiosa o filosófica, debe haber recibido las vacunas antes mencionadas o corre el riesgo de ser excluido de la escuela.

PARA ASISTIR A 12º GRADO:

- 1 dosis de MCV el primer día de 12º grado. Si se administró una dosis a partir de los 16 años de edad, dicha dosis será considerada como la dosis de 12º grado.

EL PRIMER DÍA DE 12º GRADO, a menos que el niño tenga una exención médica, religiosa o filosófica, debe haber recibido las vacunas antes mencionadas o corre el riesgo de ser excluido de la escuela.

Estos requisitos permiten las siguientes exenciones: motivos médicos, creencia religiosa o firme convicción filosófica, moral o ética. Incluso si su hijo está exento de la vacunación, podría ser excluido de la escuela durante un brote de una enfermedad evitable mediante vacunas.

Código de Pensilvania n.º 28, capítulo 23 (Vacunación escolar). Comuníquese con su proveedor de atención médica o llame al 1-877-PA-HEALTH para obtener más información.
REQUEST FOR ADMINISTRATION OF MEDICATION, TREATMENTS OR USE OF EQUIPMENT IN SCHOOL

(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/ORG.#

REGIONAL OFFICE

PID

DIAGNOSIS:

REASON MEDICATION MUST BE GIVEN IN SCHOOL:

__________________________________________________________

__________________________________________________________

NAME OF MEDICATION/EQUIPMENT/TREATMENT:

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:

__________________________________________________________

__________________________________________________________

IS ANY RESTRICTION ON ACTIVITY NECESSARY:

YES ☐ NO ☐

IF YES, DESCRIBE:

__________________________________________________________

__________________________________________________________

IS STUDENT TAKING ANY OTHER MEDICATION?

YES ☐ NO ☐

IF YES, NAME OF MEDICATION:

__________________________________________________________

__________________________________________________________

IS SIMILAR EQUIPMENT KEPT BY THE CHILD'S FAMILY AT HOME?

YES ☐ NO ☐

PRINT NAME OF HEALTH CARE PROVIDER/CREDS:

ADDRESS

TEL:

SIGNATURE OF HEALTH CARE PROVIDER

DATE SIGNED

To the principal:

I authorize selected school personnel to administer the indicated medication, or to use the equipment or machinery as prescribed by my child's health care provider, whose signature appears on this form.

Medication is to be administered by the Certified School Nurse. In the absence of the Certified School Nurse, it may be administered by the Principal or his/her designee.

Certified School Nurse will provide instruction for administration of medication or use of equipment to the Principal or his/her designee.

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/equipment and/or my child's response.

Parent signature ____________________________ Telephone number ____________________________

Date signed ____________________________ Emergency number ____________________________

In accordance with current school district procedure:

I have assessed this student and he/she has demonstrated competency and may self-administer this medication/treatment ( ) yes ( ) no

The administration of this medication/treatment was approved on: _______________

Signature of school nurse ____________________________

Telephone number of school nurse ____________________________
TO THE PHYSICIAN:
Your patient has requested that medication or equipment be utilized in school. Ideally, the administration of medication or utilization of equipment should take place at home. However, for students who require medication/treatment during the school day in order to function in the classroom, School District Policy does permit selected school staff to administer medication. In some cases, students may self-administer their medication.

School District Policy also permits the use of equipment/machinery in those instances where similar equipment is kept by the child’s family at home, and such equipment/machinery is necessary in order to enable the student to function in the classroom. Instruction for use and precautions should be spelled out in detail.

(IF YOUR PATIENT'S MEDICATION OR TREATMENT SCHEDULE 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).

When the medication/treatment prescribed exceeds or differs from that approved by the FDA or recommended by the manufacturer, you and the child’s parent will be required to submit written detailed information to the School Nurse. This must include a list of side effects and confirmation that all side-effects have been explained to and are understood by the parent. Any particularly dangerous conditions being experienced by the child should be spelled out in detail, with the procedure to follow should a reaction occur.

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 or special equipment in order to function in the classroom. Ideally, this should take place at home. If your child's medication/equipment schedule cannot be altered so that everything can be administered at home, you can request that they be given in school by seeing the school nurse or principal.

When the medication/treatment prescribed for your child exceeds or differs from that approved by the FDA or the manufacturer, you and your health care provider will be required to submit additional written information to the School Nurse prior to approval.

Once the request has been approved by the School Nurse, you will be required to bring the medication to school properly labeled and packaged by a Registered Pharmacist. The medication bottle must have a 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

For special equipment, services in school will be provided only if you have such equipment in your home. You must provide the equipment as well as repair and replace it when necessary. After the request is approved, you will be asked to bring the equipment to school and to demonstrate its use to selected school staff. Operating instructions must accompany the equipment.

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 or school principal.

Thank you.