



Neshaminy School District

2001 Old Lincoln Highway • Langhorne, Pennsylvania 19047-3295

Dear Parent/Guardian,

The Pennsylvania School Code requires school entities to maintain a School Health Record on each student under its jurisdiction. Each student's record contains identification data, notable medical history, the student's immunization record, results of health screening exams performed in the school setting, reports of exams by physicians and dentists, and notes on health issues related to the student's school attendance and academic success.

Maintenance of the School Health Record is the responsibility of the certified school nurse. The certified school nurse is extended the authority to perform mandated health screenings. The following screenings are performed by the school nurses in Neshaminy at the grade level designated by the state:

- **Growth screen including calculation of the BMI percentile**
- **Vision screen including far vision acuity, near vision acuity, stereo depth perception, color discrimination and convex lens acuity**
- **Auditory screen**
- **Scoliosis screen**

The Pennsylvania School Code also requires periodic screening exams by a dentist and a physician. The state encourages these exams to be performed by the family health care providers who can best evaluate changes to the child's health status. Neshaminy School District will provide a screening physical and/or dental exam for any student who is unable to obtain an exam from their family health care provider. Parents will be notified at least one week prior to the date of the school based dental and physical exams. Parents will be notified of any abnormal findings from any screening exams performed at school.

_____ I acknowledge the receipt of the above information regarding the School Health Program in the Neshaminy School District and I agree that my child may receive screening exams from the certified school nurses on an annual basis as required by the School health Code.

Student's Name

Date of Birth

Signature of Parent/Guardian

Date

This document will remain in effect for as long as my child is enrolled in the Neshaminy School District.



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Student Health History

Previous School Attended: _____ Current Grade: _____

Address of Previous School: _____

Student's Name (Last, First): _____ M ___ F ___ Birthdate: _____

Address: _____ Phone: _____

Father's Name: _____ Mother's Name: _____

Person with whom student lives / relationship: _____

Conditions

___ Allergy to: _____ Treatment: _____

___ Asthma Symptoms: _____

What does your child do to manage his/her own condition?

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Bowel Concerns | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> In Counseling |
| <input type="checkbox"/> Kidney/Bladder Disease | <input type="checkbox"/> Orthopedic/Bone | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Social/Emotional/Behavioral | <input type="checkbox"/> Vision Problem | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Takes Medication Daily at: | <input type="checkbox"/> Home | <input type="checkbox"/> School |

Medication is: _____ for: _____

Provide any other information that you think we should know about your child.

Names and ages of other children in the family: _____

Parent/Guardian

Date

Attach a Copy of Student's Immunization Record