**Required Health Forms: **

*Kindergarten:*

* Immunizations- Required by Allegheny County and State Law (28 Pa. CODE CH.23)
* Physical Exam- Required by State Law (28 Pa. CODE CH.23)
* Dental Exam- State Mandate (28 Pa. CODE CH.23)

*Third Grade:*

* Dental Exam- State Department of Health (28 Pa. CODE CH 23)

*Sixth Grade:*

* Physical- Required by State Law (28 Pa. CODE CH.23)
* Scoliosis Screening- State Department of Health (28 Pa. CODE CH.23)

*Seventh Grade:*

* Immunizations – Required by Allegheny and State Law (28 Pa. CODE CH.23)
* Scoliosis Screening- State Department of Health (28 Pa. CODE CH.23)
* Dental Exam- Statement Department of Health (28 Pa. CODE CH.23)

**If your child requires medications during the school day**

* “Consent for Administration of medication” form needs to be signed by you the parent and the child’s doctor. This is only for children who need medication at school. All medications (pills, liquid, inhalers, and injections) need to be given to the school nurse in the original labeled pharmacy container. No other containers will be accepted.

 **\*Please notify the school nurse IF:**

* **Your child has asthma:** the “Asthma Action Plan” form along with the doctor’s order for their rescue medication must be completed and submitted to the school nurse in case of an emergency.
* **Your child has a severe allergy:** the “Anaphylactic Allergy Action Plan” form along with the doctor’s order for their rescue medication must be completed and submitted to the school nurse in case of an emergency.
* **Your child has any food intolerances or allergies:**  the “Medical Plan of Care for School Food Services” form needs to be filled out by you the parent/guardian and the child’s doctor. This form is shared with the cafeteria director and allows your child to be served a special diet.

Sincerely,

Michele Cherry M.Ed., BSN, RN, CSN

Confidential Fax: 412.325.8932

Email: mcherry1@pghschools.org

