

Dear Parents/Guardians,

We hope you are enjoying your summer and are looking forward to the upcoming school year!! In hopes of keeping you informed for the 2019-2020 school year, below are updates that have taken effect over the last year.

## **Immunizations**

**\*\*\*ALL Required Immunizations must be completed by the 5th day of school, September 4, 2019 or your child will be excluded from attending school until ALL are complete.**

Children in ALL grade (K-12) are required to have:

- 4 doses of Tetanus, Diphtheria & Acellular Pertussis (1 dose on or after the 4th birthday)\*
- 4 doses of Polio (1 dose on or after the 4th birthday)
- 3 doses of Hepatitis B
- 2 doses of Measles, Mumps & Rubella\*\*
- 2 doses of Varicella (chickenpox) or evidence of immunity

Additional Immunization Requirements for students in **Grades 7-12:**

- 2 doses Meningococcal Conjugate Vaccine (MCV)
  - 1st dose given at 11-15yrs; 2nd dose at age 16 or entry into 12th grade.
  - If dose was given at 16yrs or older, only 1 dose required.
- 1 dose of Tetanus, Diphtheria, Acellular Pertussis (Tdap)

\*Usually given as DTap, DTP, DT or Td

\*\* Usually given as MMR

The CDC & Dept. of Health Summary of Immunization Requirements for Age birth through 18yrs can be found at:  
<http://www.immunize.org/catg.d/p2010.pdf>

## **Pediculosis (Head Lice) Regulation**

### 209-AR HEALTH EXAMINATIONS/SCREENINGS - PEDICULOSIS

The Board of Education is committed to the provision of a healthy environment for all its students and employees. In fulfillment of that commitment, the District has established this regulatory guideline based on the current recommendations and latest research of the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN).

Pediculosis (Head Lice) is the infestation of the hair on the head with the live insect (*pediculus capitis*), which survives by feeding on human blood. The infestation is most commonly spread through close head-to-head contact. Head lice can be a nuisance but it has not been shown to cause or spread disease.

This regulation shall apply to all students and other participants in all programs conducted by the Crawford Central School District.

The management of the school district's pediculosis regulation shall be the responsibility of the Department of School Health Services.

The Superintendent or his/her designee may contact the Department of Health or Children and Youth Services to enforce this regulation.

### Guidelines

1. Upon **initial** detection of live lice a child's parent will be notified and given the opportunity to either pick up the child early from school in order to begin treatment at home or choose to treat the child at the end of the school day. The student will be permitted to complete the school day within the classroom as usual and ride the school bus home as usual, close head to head contact will be discouraged.
2. Once the student has been treated and no live lice are found they will be permitted to return to school.
3. Upon returning to school, the school nurse will inspect the student's hair.

- a. If no live lice are found upon inspection, the student will be permitted to return to school.
  - b. If live lice are found, the student will be sent home until all live lice are removed and the school nurse has cleared the student to return to school.
  - c. If no live lice are found but nits (lice eggs) are found, the student can return to the classroom and the parent/guardian will be instructed to check the student daily for the next two weeks at home and continue to remove nits.
4. The nurse or other school official shall notify the parent/guardian of the head lice infestation by telephone or means necessary.
  5. If a child has been identified as having a head lice infestation, every attempt will be made to contact parent/guardian to provide notification, education and resources to effectively treat the head lice issue.
  6. District policy allows for no more than three (3) days of absence per incident of head lice infestation and treatment but, **three (3) days are NOT required**. Additional days absent will be counted as unexcused/illegal and citations for absences may be filed as per district attendance policy. Students may be allowed to make up all school work missed during their absence.
  7. Following the third (3rd) occurrence of pediculosis capitis all subsequent exclusions from school for pediculosis capitis will be deemed illegal/unexcused absences. Citations for illegal/unexcused absences will be filed as per district attendance policy. Students may be allowed to make up all school work missed during their absence.

#### Readmission

1. The student must receive appropriate treatment with a pediculicide.
2. The student must have all of the live lice removed from the hair.
3. The student may not ride the bus or attend classes until after s/he has been re-checked by the school nurse. Therefore **the parent/guardian must bring** the student in to be checked by the nurse following treatment. The parent/guardian is expected to stay at the school until the head lice examination is completed by the school nurse. It may be necessary for the parent to take the child/children to a different school to see the nurse.

#### Follow Up

1. The school nurse shall recheck all affected students before they may re-enter school and encourage parent/guardian to repeat pediculicide application per product instructions.
2. The school nurse shall check an infested student's school-age siblings.

#### CDC Home Care & Cleaning Recommendations

1. All members of the household should be checked and treated if necessary
2. Machine wash and dry clothing, bed linens, and other items that the infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks.
3. Soak combs and brushes in hot water (at least 130°F) for 5–10 minutes.
4. Vacuum the floor and furniture, particularly where the infested person sat or lay. However, the risk of getting infested by a louse that has fallen onto a rug or carpet or furniture is very small. Head lice survive less than 1–2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the human scalp.
5. Spending much time and money on housecleaning activities is not necessary to avoid reinfestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
6. Do not use fumigant sprays; they can be toxic if inhaled or absorbed through the skin.

#### Public Health Information

1. American Academy of Pediatrics (AAP)-  
[www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Updates-Treatments-for-Head-Lice.aspx](http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Updates-Treatments-for-Head-Lice.aspx)
2. National Association of School Nurses (NASN)-  
[www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-head-lice](http://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-head-lice)

3. Centers for Disease Control and Prevention (CDC)-  
[www.cdc.gov/parasites/lice/head/schools.html](http://www.cdc.gov/parasites/lice/head/schools.html)

#### Local Resources

1. Children's Health Network- 814-333-3912
2. Family Services- 814-337-8450

### **Medication Policy**

The district and school physician have approved certain Over-The-Counter (OTC) medications that can be administered by the school nurse with your consent. The below "Emergency Call and Parent Permission Card" has a list of all approved OTC medications as well as other necessary medical information concerning your child. You may choose to opt out of any or all medications if you wish.

ALL medications, prescription and OTC (not approved by the district and school physician) must now have an order from a licensed prescriber and consent from a parent/guardian in order for medications to be administered at school. The previous 3-week temporary OTC parent consent is no longer valid. Medication Administration Forms may be obtained from the school nurse or on the CCSD website under Departments -> Health Services. All medications should be delivered by the parent/guardian in the original prescription bottle or packaging.

Epi-Pens & Asthma Inhalers- Even if your child is granted permission to self-medicate by his/her licensed prescriber, a medication order is still required in the Nurse's Office. This medication order must be updated every school year.

### **Illness**

If your child is found to have a temperature 100.0 or higher at home or at school, it is recommended your child not return to school until they have been fever-free without medication and free of vomiting for 24 hours.

Crawford Central School District  
**Emergency Call and Parent Permission Card**

Homeroom \_\_\_\_\_ Bus# \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_ Address \_\_\_\_\_

Student Lives With (circle one) Both Parents    Father    Mother    Other \_\_\_\_\_ Home Phone # \_\_\_\_\_

\_\_\_\_\_ **Check if this is new address and phone # in the last year**

Parent Contact Information: \*Please indicate which phone number to contact first\*    Do you prefer: Voice call \_\_\_\_\_ Text Message \_\_\_\_\_

Father: Name \_\_\_\_\_ Home/Cell # \_\_\_\_\_ Father's Employer \_\_\_\_\_ Work # \_\_\_\_\_

Mother: Name \_\_\_\_\_ Home/Cell# \_\_\_\_\_ Mother's Employer \_\_\_\_\_ Work # \_\_\_\_\_

Other persons who will assume responsibility for the care of your child if you cannot be reached **(Required)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Please List other children in the household

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_      Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_      Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_      Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone \_\_\_\_\_      Dentist Name: \_\_\_\_\_ Phone \_\_\_\_\_

**(Please Notify School Immediately of Any Changes)**

Does your child have any special health problems or physical limitations that the school nurse or teachers should know about? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

Hospitalization in the last year: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason for Hospitalization \_\_\_\_\_      Concussion in the last year: Yes \_\_\_\_\_ No \_\_\_\_\_

List any medication (with dosage and frequency) that your child takes at home or school:

Inhaler: Yes \_\_\_\_\_ No \_\_\_\_\_

Other Medication: \_\_\_\_\_

RETURN TO NURSE'S OFFICE (OVER)

Crawford Central School District  
**Emergency Call and Parent Permission Card**

Student Name \_\_\_\_\_

Does your child have severe allergies (Latex, Bee, Food or Medication) Yes \_\_\_ No \_\_\_ Is your child prescribed an EPI-PEN? Yes \_\_\_\_\_ (last used \_\_\_\_\_) No \_\_\_\_\_

List all Food and Medication Allergies \_\_\_\_\_

Does your child have vision or hearing problems: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain: \_\_\_\_\_

**Health Services Mandated by State Law of Pennsylvania**

Growth and Vision yearly - Hearing: K, 1, 2, 3 7<sup>th</sup> and 11<sup>th</sup> - Scoliosis 6<sup>th</sup> and 7<sup>th</sup> - Dental Health and Dental Screening

\* I understand that my child will receive the indicated school health screenings as mandated by law of PA unless I submit a written request to the school nurse stating that they are not to be performed on my student.

The Commonwealth of PA REQUIRES that students in grade K, 6, 11 receive physical examinations. You may choose to have the exam done by your own health care provider or the school physician. Please indicate your choice below.

\_\_\_\_\_ I give permission for the school doctor to examine my child free of charge

\_\_\_\_\_ I will have my child examined by his/her physician at my expense.

I hereby give consent for treatment for minor ailments, emergency care, as deemed necessary by the school nurse, physician or the state. I also give consent and authorize the school nurse to communicate with my child's physician, authorize release of the immunizations, yearly physicals, and medical records and complete mandated screenings.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\*Crawford Central School District Medication Administration Permission\*\*\*\*\***

Please cross out any medications you would **not** like your child to receive during school hours.

**\*\* Ibuprofen (Motrin/Advil)**

**\*\* Acetaminophen (Tylenol)**

**\*\* Benadryl Allergic Reaction**

**Visine**

**Antibiotic Ointment**

**Sting relief**

**1% Hydrocortisone Cream**

**Muscle Rub Cream**

**Orajel/Anbesol**

**Sore Throat Spray**

**Aloe**

**Ungentine (Burn Cream)**

**Antacid (Tums)**

**Cough Drops (non-medicated)**

**Callergy Lotion**

**First Aid Antiseptic/Pain Relieving Spray (Bactine)**

I consent to the use of these over the counter medications for my child. They will only be administered as needed. Dosing may not exceed the manufacturers' recommended dose or school physician's order. I have reviewed the medication and have crossed out any medication that I do not want my child to receive.

Parents/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*SCHOOL PHYSICIAN ORDERS ALLOW FOR ADMINISTRATION OF ANY ABOVE MEDICATION TO NO MORE THAN 4 TIMES A MONTH\*\***

RETURN TO NURSE'S OFFICE (OVER)