

# **STATE HEALTH REQUIREMENTS FOR SCHOOL ATTENDANCE**

**IN ACCORDANCE WITH THE 1997 RULING BY THE PENNSYLVANIA DEPARTMENT OF HEALTH, ALL STUDENTS ARE REQUIRED TO HAVE SPECIFIC IMMUNIZATIONS AS A CONDITION FOR ATTENDING SCHOOL. ALL STUDENTS MUST BE IMMUNIZED AGAINST THE FOLLOWING DISEASES:**

Diphtheria, tetanus	3 doses, plus one dose on or after a child's fourth birthday
Poliomyelitis	3 doses or more
Measles, Rubella, and Mumps	2 of each vaccine after 12 months of age
Hepatitis B	1 dose to enter; 3 doses within 8 months after starting.
Varivax vaccine	1 dose or having had chickenpox

**NO STUDENT WILL BE PERMITTED TO ATTEND SCHOOL UNTIL THESE REQUIREMENTS ARE FULFILLED, AND A RECORD OF IMMUNIZATION IS ON FILE AT THE SCHOOL. PLEASE NOTE:** IT IS THE PARENT/GUARDIANS' RESPONSIBILITY TO BE ABSOLUTELY CERTAIN THAT ALL THE IMMUNIZATION CRITERIA HAVE BEEN MET AND THAT IT IS PROPERLY NOTED ON THE HEALTH FORM. IF THIS INFORMATION IS INACCURATE OR INCOMPLETE, THE WILLIAM PENN SCHOOL DISTRICT NURSE WILL NOTIFY THE PARENTS AND THE STUDENT WILL NOT BE ALLOWED TO REMAIN IN SCHOOL.

ADDITIONALLY, YOU MUST PROVIDE A COPY OF A CURRENT PHYSICAL EXAM RECORD PROVIDED BY YOUR CHILD'S PHYSICIAN.

## **THESE REQUIREMENTS APPLY TO:**

▲ **New students**

▲ **Returning students entering Kindergarten and Sixth-grade**

If for any reason the immunization record and/or physical exam record are not provided by the start of school, and your child has a scheduled appointment, please notify the office of the date you will provide these records.



## **STATE REGULATIONS GOVERNING DISPENSING OF MEDICATIONS TO CHILDREN AT SCHOOL:**

**IN ORDER TO GIVE MEDICATION TO STUDENTS, THE SCHOOL MUST HAVE ON FILE:**

1. An order form completed by the child's physician
2. A signed permission form from the parent(s) or guardian(s)

**MEDICATIONS AT SCHOOL MUST:**

3. Be in prescription labeled containers
4. Be kept in the secured medical storage cabinet under the care of school personnel
5. Be administered by, or taken under the supervision of, either a parent/guardian or authorized school personnel.

**BY LAW, SCHOOL STAFF MEMBERS ARE NOT ALLOWED TO DISPENSE MEDICATION UNLESS THESE CONDITIONS HAVE BEEN FULFILLED.**

6. Forms are available on the LFS website: [www.lansdownefriendsschool.org/families](http://www.lansdownefriendsschool.org/families)  
They should be filed as soon as possible, especially for students with existing and/or chronic conditions.
7. If a student needs medication to be administered at school after an illness, let the office know as soon as possible, preferably before the child returns to school after being ill.
8. Open-ended orders from previous years should be reviewed and updated if necessary.
9. Medication effectiveness dates should be current.

**STUDENTS ARE NOT PERMITTED TO CARRY ANY MEDICATION AT SCHOOL.  
(OVER)**

# Lansdowne FRIENDS School



## **CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF TEXTBOOKS AND INSTRUCTIONAL MATERIALS**

**School Year 2020-2021**

Dear Parents:

Pennsylvania State law, Act 195 authorizes the "loan" or use of textbooks purchased through the State Secretary of Education to children enrolled in nonpublic schools. Act 90 authorizes the "loan" or use of instructional materials. Our school is now in the process of requesting the specific textbooks and materials to be loaned to your children. These will include, but not be limited to, mathematics texts, spelling texts, and many manipulative materials used to teach science, social studies and math. The law requires that a parent of each child attending the nonpublic school individually request the "loan" of the textbooks.

We are therefore asking you to sign the following statement/form, date it and return it to school immediately. Please note there is no cost to you as parents for this loan. Thank you for your assistance and cooperation.

**THIS LAW IS APPLICABLE TO PENNSYLVANIA RESIDENTS ONLY.**

As the parent/guardian of a child or of children attending Lansdowne Friends School, I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195 and Act 90.

Date \_\_\_\_\_

**PLEASE PRINT**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Signature \_\_\_\_\_ Print name \_\_\_\_\_

(Parent or Guardian)

**MORE STATE STUFF ON OTHER SIDE-PLEASE READ!**