

**PIERRE VAN CORTLANDT MIDDLE SCHOOL  
8TH GRADE HEALTH REQUIREMENTS 2022-23**

| ITEMS NEEDED                            | INFO   | FORMS   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
|---|--|---|----------------------|--------------|-----------|-----------------------|---|--------------|---|------------------------------|---|-----|---------|-------|--|----------|---------|--|--|
| <b>PHYSICAL EXAM</b>                    | <p><b>REQUIRED FOR MODIFIED SPORTS PARTICIPATION</b></p> <p>The date of the physical must be within 12 months of the start date of the sport.</p> <p style="text-align: center;"><b><u>Please note that effective 1/30/2021, only the NYSED School Health Examination Form (in the link) will be accepted.</u></b></p> <p><b>IF NOT PLAYING MODIFIED SPORTS: A PHYSICAL EXAM IS REQUESTED, BUT NOT REQUIRED.</b></p>   | <p>Physical examination forms can be found online at:<br/> <a href="http://www.p12.nysed.gov/sss/documents/health-exam-form.pdf">http://www.p12.nysed.gov/sss/documents/health-exam-form.pdf</a></p>  |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| <b>IMMUNIZATION RECORD</b>              | <p><b>REQUIRED</b></p> <p>Required Immunizations:</p> <table border="1" data-bbox="358 764 846 1052"> <thead> <tr> <th>Immunization</th> <th># of doses required:</th> </tr> </thead> <tbody> <tr> <td>Tdap</td> <td>1 dose</td> </tr> <tr> <td>Meningitis</td> <td><b>1 dose given after age 10</b></td> </tr> <tr> <td>Hepatitis B</td> <td>3 doses</td> </tr> <tr> <td>Varicella</td> <td>2 doses</td> </tr> <tr> <td>MMR</td> <td>2 doses</td> </tr> <tr> <td>Polio</td> <td>4 doses or 3 does with the last dose after age 4</td> </tr> <tr> <td>DTaP/DTP</td> <td>3 doses</td> </tr> </tbody> </table> | Immunization  | # of doses required: | Tdap         | 1 dose    | Meningitis            | <b>1 dose given after age 10</b>  | Hepatitis B  | 3 doses   | Varicella                    | 2 doses   | MMR | 2 doses | Polio | 4 doses or 3 does with the last dose after age 4 | DTaP/DTP | 3 doses | <p>Further immunization information can be found at the PVC Nurse Website:<br/> <a href="http://www.pvcschoolnurse.weebly.com">www.pvcschoolnurse.weebly.com</a></p> |  |
| Immunization                            | # of doses required:   |   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| Tdap                                    | 1 dose   |   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| Meningitis                              | <b>1 dose given after age 10</b>   |   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| Hepatitis B                             | 3 doses  |   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| Varicella                               | 2 doses  |   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| MMR                                     | 2 doses  |   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| Polio                                   | 4 doses or 3 does with the last dose after age 4   |   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| DTaP/DTP                                | 3 doses  |   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| <b>MEDICATION FORM &amp; MEDICATION</b> | <p><b>REQUIRED IF YOUR CHILD NEEDS TO TAKE ANY MEDICATION DURING SCHOOL</b></p> <p>Forms are valid for one school year and need renewing annually.</p> <p><b>Forms are required for both prescription &amp; over the counter medications</b> (ex. Ibuprofen, Acetaminophen).</p> <p>Required your child's healthcare provider to complete the form.</p> <p>The medication needs to be provided to the school nurse by an adult. Medication must be in its original bottle or pharmacy container, labelled with your child's name.</p>  | <p>Medication Administration Forms can be found online at:<br/> <a href="https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/medication_form.pdf">https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/medication_form.pdf</a></p>   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| <b>ALLERGY ACTION PLAN</b>              | <p><b>REQUIRED IF YOUR CHILD HAS A SEVERE ALLERGY OR ANY ALLERGY THAT REQUIRES EMERGENCY MEDICATION.</b></p> <p>Needs to be completed your child's healthcare provider.</p> <p>A Medication Form will also need to be completed by your child's healthcare provider (see section above).</p>   | <table border="1" data-bbox="938 1591 1469 1921"> <thead> <tr> <th>Allergic to:</th> <th>Form link</th> </tr> </thead> <tbody> <tr> <td><b>Bee/Wasp Sting</b></td> <td><a href="https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_bee_sting_fillable_.pdf">https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_bee_sting_fillable_.pdf</a></td> </tr> <tr> <td><b>Foods</b></td> <td><a href="https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/faapfood_allergy_.pdf">https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/faapfood_allergy_.pdf</a></td> </tr> <tr> <td>(complete both of the forms)</td> <td><a href="https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_food_fillable.pdf">https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_food_fillable.pdf</a></td> </tr> </tbody> </table> |                      | Allergic to: | Form link | <b>Bee/Wasp Sting</b> | <a href="https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_bee_sting_fillable_.pdf">https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_bee_sting_fillable_.pdf</a> | <b>Foods</b> | <a href="https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/faapfood_allergy_.pdf">https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/faapfood_allergy_.pdf</a> | (complete both of the forms) | <a href="https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_food_fillable.pdf">https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_food_fillable.pdf</a> |     |         |       |  |          |         |  |  |
| Allergic to:                            | Form link  |   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| <b>Bee/Wasp Sting</b>                   | <a href="https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_bee_sting_fillable_.pdf">https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_bee_sting_fillable_.pdf</a>  |   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| <b>Foods</b>                            | <a href="https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/faapfood_allergy_.pdf">https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/faapfood_allergy_.pdf</a>  |   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |
| (complete both of the forms)            | <a href="https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_food_fillable.pdf">https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_food_fillable.pdf</a>  |   |                      |              |           |                       |   |              |   |                              |   |     |         |       |  |          |         |  |  |

## OTHER IMPORTANT INFORMATION – 8<sup>TH</sup> GRADE

|  |   |
|--|---|
|  | Details   |
| <b>K12 EMERGENCY CONTACT INFORMATION</b> | <p>This information is vital should your child become injured or ill during the school day.</p> <p>Parents/guardians need to <b>login to K12 annually</b>, to review &amp; update emergency contact names, telephone numbers, and health information.</p> <p><b>Whenever emergency contact information changes</b> (i.e. new cell phone, new job, new emergency contact or MD change, etc.) you will need to update this in K12.</p>  |
| <b>BMI WEIGHT STATUS CATEGORY SURVEY</b> | <p>New York State surveys different schools annually for general information on weight groups to help them develop programs that make it easier for children to be healthy. No names or individual information is ever shared. Only weight group information is used for the survey.</p> <p>If you do not wish your child’s information to be included in the survey for that school year, please complete an opt-out form, which can be found on the forms section of the PVC Nurse website.</p> |
| <b>ABSENCES / LATE ARRIVALS</b>          | <p>Student absences need to be reported to the Attendance Aide by 8am. Please notify the Attendance Aide via the online link. <a href="https://pvcschoolnurse.weebly.com/attendance.html">https://pvcschoolnurse.weebly.com/attendance.html</a></p>   |
| <b>EARLY PICK UP REQUEST</b>             | <p>SEND A NOTE WITH YOUR CHILD TO THE <u>WELCOME CENTER</u> FOR EARLY PICKUPS</p> <p>Please feel free to use the note/form in this link. <u>Have your child bring it to the welcome center when they arrive at school</u></p> <p><a href="https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/early_pick_up_procedure.pdf">https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/early_pick_up_procedure.pdf</a></p>  |