Nurses:Kim Vernacchio, RN, BSN & Trisha Smith, M.Ed., RN, NCSNHealth Suite Phone:484-975-6500 ext 3061Health Suite Fax:610-792-3169Health Suite Email:nurse@piphs.org

- Nursing staff available Monday–Friday during school hours. Please update nurses with any health changes including medical treatments, medications, injuries, and immunizations throughout their high school experience. All health forms can be found on the PJP website.
- *Health Emergency Form:* vital to the care of your student at school. Please complete this form in the First Day Packet and return promptly on the second day of school.
- **Medications at school**: With your permission (on the first- day Health Emergency Form), nurses can administer Tylenol, Ibuprofen, Tums, Chloraseptic, and Benadryl (for an allergic reaction) as needed by students. Epinephrine and Narcan are available for emergency use. All other medications require completion of the *Authorization for School Medication Administration Form* with a doctor and parent signature.
- Allergy requiring Epi-Pen: Please complete and submit *Allergy Action Plan* from MD along with emergency medication every school year. To self-carry an Epi-Pen, also complete *Authorization for School Medication Administration Form*.
- **Students with asthma**: Please complete and submit an *Asthma Action Plan* from MD annually with an inhaler. To self-carry an inhaler, also complete *Authorization for School Medication Administration Form*.
- **Students with seizures:** Please complete and submit a *Seizure Action Plan* from MD along with emergency medication.
- **PJP Concussion Policy:** Please notify the nurse if your child has a head injury or a concussion diagnosis and have the MD complete *Return to Academics Form* with each concussion visit.
- Immunizations: Per current PA State Immunization Requirements, vaccination records must be submitted prior to entry and school students must be compliant with the following vaccine schedule by the 5<sup>th</sup> day of school or risk exclusion:

Dtap: 4 doses (final dose after age 4)
Polio: 4 doses (final dose after age 4)
Hep B: 3 doses (final dose after age 6 mos.)
VAR: 2 doses (or disease)

Tdap: 1 dose MCV: 2 doses (ages 11 & 16) MMR: 2 doses

\*\*Per Archdiocesan rule, only *medical exemptions* for immunizations are permitted.