### THE SCHOOL DISTRICT OF PHILADELPHIA

## OFFICE OF EARLY CHILDHOOD EDUCATION EDUCATION CENTER

440 N. BROAD STREET, 2<sup>nd</sup> FLOOR- PORTAL C PHILADELPHIA, PENNSYLVANIA 19130-4015

Fax: 215-400-4272

Telephone: 215-400-4270

Center:		
Child's Name	e:	
Your child ha	nd a hearing and/or vision screen. The results are	
Hearing Scr	een Result Date of exam	
	Passed Hearing Screen	
	Failed Hearing Screen - Needs Follow Up (See Below)	
	Retest Hearing - Comments	
	Absent	
Vision Scree	n Results Date of exam	
	Passed Vision Screen	
	Failed Vision Screen - Needs Follow Up (See Below)	
	Absent	
		rn it to
Diagnosis:	REPORT BY HEALTH CARE PROVIDER	
Diagnosis.		
Treatment:		
Date of Follo	w Up:	
Provider's Na	ame (Please Print)	
Provider's Si	gnature Date	

# Me Home If... Keep

I'm just not feeling very good

Unusually tired,

appetite, confused,

pale, lack of

or cranky.









I have a

sore

throat

With fever or swollen glands.





Thick mucus or pus draining from eye.

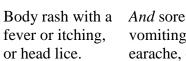




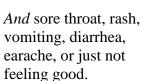
2 or more watery stools in 24 hours. or head lice.











I have

a fever



- 1. Have back up plans for someone to take care of me.
- 2. Tell my teacher what is wrong with me, even if you keep me home.

#### THE SCHOOL DISTRICT OF PHILADELPHIA

#### OFFICE OF EARLY CHILDHOOD EDUCATION

#### EDUCATION CENTER

440 N. BROAD STREET, 2<sup>nd</sup> FLOOR- PORTAL C PHILADELPHIA, PENNSYLVANIA 19130-4015

Fax: 215-400-4272

Date \_\_\_\_\_\_

Dear Parent/Guardian,

Today, your child, \_\_\_\_\_,

was bitten by another child.

bit another child.

When bites occur causing the skin to break, there is the potential for germs that are naturally contained in the mouth to be transmitted through the broken skin. Occasionally, the skin break is so tiny that it cannot be seen, but germs can still be transmitted.

There is also the potential for germs to be transmitted from the skin of the child who was bitten to the biter's mouth.

#### PLEASE BE ASSURED THAT:

Telephone: 215-400-4270

If your child was bitten, the staff provided the appropriate first aid, cleaning the area with soap and water, and covering it with a Band-Aid, if necessary.

If your child bit another child, the staff helped him/her rinse out his/her mouth with water.

Regardless of whether your child was bitten or was the biter, there is the potential for infection. We recommend that you call your health care provider and follow his/her instructions. If it is necessary for your child to see your health care provider, please have the health care provider write a note on the back of this letter or on the bottom of the **Ouch Form** and return it to your child's teacher. If you should have any further questions, please do not hesitate to call Susan Aichele, Health Coordinator at 215-400-5671.

## THE SCHOOL DISTRICT OF PHILADELPHIA OFFICE OF EARLY CHILDHOOD EDUCATION

#### EDUCATION CENTER 440 N. BROAD STREET, 2<sup>nd</sup> FLOOR- PORTAL C PHILADELPHIA, PENNSYLVANIA 19130-4015

Telephone: 215-400-4270 Fax: 215-400-4272 Notice # Date: \_\_\_\_\_ TO: The Parent/Guardian of \_\_\_\_\_ Topic: Requirements for: Entry \_\_\_\_ Kindergarten \_\_\_\_ Returning \_\_\_\_ It has come to my attention that your child's health records indicate he/she does not have a complete health file. Please make an appointment IMMEDIATELY with your child's health care provider to get the information indicated below. Please have your health care provider complete the attached form including the complete dates; e.g. Month/Day/Year for each item listed below. Physical Exam {Last physical \_\_\_\_} {Last dental \_\_\_\_\_} Dental Exam Follow up Vision exam Follow up Hearing exam **DPT** TB TEST **POLIO LEAD HEPATITIS B** HEMOGLOBIN/ **MMR** HEMATOCRIT **VARICELLA** BLOOD PRESSURE \_\_\_\_\_ **PNEUMOCOCCAL** 

Thank you for your cooperation and help in keeping your Preschool Child healthy.

HIB

**Your Early Childhood Nurse**