

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

Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Your child had a hearing and/or vision screen. The results are

**Hearing Screen Result**      **Date of exam** \_\_\_\_\_

- Passed Hearing Screen
- Failed Hearing Screen - Needs Follow Up (See Below)
- Retest Hearing - Comments \_\_\_\_\_
- Absent \_\_\_\_\_

**Vision Screen Results**      **Date of exam** \_\_\_\_\_

- Passed Vision Screen
- Failed Vision Screen - Needs Follow Up (See Below)
- Absent \_\_\_\_\_

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**Failed Vision and/or Hearing Screen**

Please ask your Health Care Provider to complete the bottom of this form and return it to your child's teacher.

**REPORT BY HEALTH CARE PROVIDER**

Diagnosis:

Treatment:

Date of Follow Up:

Provider's Name (Please Print) \_\_\_\_\_

Provider's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

# Keep Me Home If...

*I'm just not feeling very good*



Unusually tired, pale, lack of appetite, confused, or cranky.

*I'm vomiting*



Two or more times in 24 hours.

*I have a sore throat*



With fever or swollen glands.

*I have an eye infection*



Thick mucus or pus draining from eye.

*I have diarrhea*



2 or more watery stools in 24 hours.

*I have a rash or head lice*



Body rash with a fever or itching, or head lice.

*I have a fever*



And sore throat, rash, vomiting, diarrhea, earache, or just not feeling good.

## ...and When I Am Sick:

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.

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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:**

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.

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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 _____ }
Dental Exam	_____	{ Last dental _____ }
Follow up Vision exam	_____	
Follow up Hearing exam	_____	
DPT	_____	TB TEST _____
POLIO	_____	LEAD _____
HEPATITIS B	_____	HEMOGLOBIN/
MMR	_____	HEMATOCRIT _____
VARICELLA	_____	BLOOD PRESSURE _____
PNEUMOCOCCAL	_____	
HIB	_____	

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

**Your Early Childhood Nurse**