



Crest Lane School

Physical Examination

Christian Education for Grades Pre-K - 8
324 Crest Lane, Westminster, MD 21157
Phone (410) 840-4240

To Parents or Guardians:

In order for your child to enter Crest Lane School for the first time, the following are required:

- A physical examination by a physician or certified nurse practitioner must be completed within nine months prior to entering the school or within six months after entering.
- Evidence of complete primary immunizations against certain childhood communicable diseases is required for all students in Pre-K through 8th grade. The immunization certification form (DHMH 896) and the required immunizations must be completed before a child may attend school.

Exemptions from a physical examination and immunizations are permitted if they are contrary to a students' or family's religious beliefs. Students may also be exempted from immunization requirements if a physician/nurse practitioner or health department official certifies that there is a medical reason not to receive a vaccine.

The health information on these forms will be available only to those health and education personnel who have a legitimate educational interest in your child.

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered in school, you must have the physician complete a medication administration form for each medication. This form can be obtained in the school office or on the forms section of our website.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
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Address (Number, Street, City, State, Zip) Phone No.

Parent/Guardian Names

Where do you usually take your child for routine medical care? Phone No.

Name: _____ Address: _____

When was the last time your child had a physical exam? Month _____ Year _____

Where do you usually take your child for dental care? Phone No.

Name: _____ Address: _____

ASSESSMENT OF STUDENT HEALTH
To the best of your knowledge has your child any problem with the following? Please check

	Yes	No	Comments
Allergies (Food, Insects, Drugs, Latex)			
Allergies (Seasonal)			
Asthma or Breathing Problems			
Behavior or Emotional Problems			
Birth Defects			
Bleeding Problems			
Cerebral Palsy			
Dental			
Diabetes			
Ear Problems or Deafness			
Eye or Vision Problems			
Head Injury			
Heart Problems			
Hospitalization (When, Where)			
Lead Poisoning/Exposure			
Learning problems/disabilities			
Limits on Physical Activity			
Meningitis			
Prematurity			
Problem with Bladder			
Problem with Bowels			
Problem with Coughing			
Seizures			
Serious Allergic Reactions			
Sickle Cell Disease			
Speech Problems			
Surgery			
Other			

Does your child take any medication?
 No Yes Name(s) of Medications: _____

Is your child on any special treatments? (nebulizer, epi-pen, etc.)
 No Yes Treatment _____

Does your child require any special procedures? (catheterization, etc.)
 No Yes

Parent/Guardian Signature _____ Date: _____

PART II - SCHOOL HEALTH ASSESSMENT
To be completed **ONLY** by Physician/Nurse Practitioner

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
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1. Does the child have a diagnosed medical condition?
No Yes _____

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is at school? (e.g., seizure, insect sting allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE. Additionally, please "work with your school nurse to develop an emergency plan".
No Yes _____

3. Are there any abnormal findings on evaluation for concern?

Evaluation Findings/CONCERNS

Physical Exam	WNL	ABNL	Area of Concern	Health Area of Concern	YES	NO
Head				Attention Deficit/Hyperactivity		
Eyes				Behavior/Adjustment		
ENT				Development		
Dental				Hearing		
Respiratory				Immunodeficiency		
Cardiac				Lead Exposure/Elevated Lead		
GI				Learning Disabilities/Problems		
GU				Mobility		
Musculoskeletal/orthopedic				Nutrition		
Neurological				Physical Illness/Impairment		
Skin				Psychosocial		
Endocrine				Speech/Language		
Psychosocial				Vision		
				Other		

REMARKS: (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896 is required to be completed by a health care provider or a computer generated immunization record must be provided.

5. Is the child on medication? If yes, indicate medication and diagnosis.
No Yes _____
(A medication administration form must be completed for medication administration in school).

6. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction.
No Yes _____

7. Screenings	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test	Optional	

PART II - SCHOOL HEALTH ASSESSMENT - continued

To be completed **ONLY** by Physician/Nurse Practitioner

(Child's Name) _____ has had a complete physical examination and has:

no evident problem that may affect learning or full school participation problems noted above

Additional Comments:

Physician/Nurse Practitioner (Type or Print)

Phone No.

Physician/Nurse Practitioner Signature

Date

How To Use This Form

The medical provider that gave the vaccinations may record the dates directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, per each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella.**
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient.**
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the DHMH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; and (h) Varicella.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and DHMH COMAR 10.06.04.03 are available at www.EDCP.org (Immunization).

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at www.EDCP.org (Immunization).



Crest Lane School

Consent to Treat & Health Insurance Information

Christian Education for Grades Pre-K-8
324 Crest Lane, Westminster, MD 21157
Phone (410) 840-4240

I, the undersigned parent/guardian of _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of our physician, _____, M.D., or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment that might be required and is given to authorize THE CREST LANE SCHOOL, or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

Is the above named student covered by health insurance? Yes or No

Present Health Insurance Company _____

Policy Number _____

Group Number _____

Hospital Choice _____

Parent's Signature _____ Date _____



Crest Lane School

Field Trip Permission

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Phone (410) 840-4240

I understand that field trips are an integral part of my child's education at Crest Lane School, and I hereby give permission for my child to attend all field trips authorized by school administration during the 2011-2012 school year.

I further agree that, in the event of injury or accidental death involved in any of the above mentioned activities, I will not hold the school or its personnel liable beyond the coverage provided by the school accident insurance policy when reasonable care and supervision have been provided.

I understand that all field trip details will be sent home with my child prior to its occurrence.

Student's Name _____ Grade _____

Parent's Signature _____ Date _____



Crest Lane School

School Directory Authorization

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Phone (410) 840-4240

Please indicate your preferences for the school directory.

Student Name Printed _____ Grade _____

Student Name Printed _____ Grade _____

Student Name Printed _____ Grade _____

Student Name Printed _____ Grade _____

Please check which set of information that you would like to include in our school directory. **Choose only one.**

_____ Include Student Name, Grade, Address, Phone Number, Email

_____ Include Student Name, Grade, Phone Number, Email

_____ Include Student Name, Grade, Phone Number

_____ Include Student Name, Grade

Parent's Signature _____ Date _____



Crest Lane School

Computer/Internet Agreement

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Phone (410) 840-4240

Crest Lane School desires to provide computer access to educational purposes to all of its students. This access is a privilege, not a right, and will depend upon the student following the guidelines here and announced throughout the year.

General Computer Guidelines

1. The student must follow the guidelines posted in the lab.
2. Screen colors, icons and/or windows will not be changed without permission.
3. We will have virus screening software, but are not responsible for viruses that are spread.
4. Students should use only public and their personal files. Teachers have the right to look at, modify, or delete any file on the school's computers.
5. Students should not load any software or files (personal or school) to school computers without permission.
6. Students must observe copyright laws.
7. The student must not try to bypass password protected files.
8. Damage to hardware or software may result in loss of privilege, fines, and/or action by the administration.

Online Guidelines

1. The school will have blocking software installed on any computer being used online, but it must be noted that this software is not totally effective in blocking objectionable material.
2. Students and parents must realize that the material posted online is not necessarily accurate and may be an opinion. The student must therefore use all information with care.
3. Information deemed objectionable or inappropriate by school standards must not be accessed (sexual in content, violent, demeaning to any group or person, against SDA beliefs, etc.).
4. Communication with others online must be done with respect and courtesy. Demeaning remarks, obscenity, bad language, etc. will not be tolerated.
5. A student is never to give out home or school phone numbers, addresses, or other personal information while online.
6. Online access will be the result of a specific assignment.
7. Students will not be allowed to use Instant Messaging during class.

As a user of the school's computer system, I agree to comply with the above stated guidelines.

Student Signature _____

Printed Name _____

As the parent or legal guardian of the above-signed student, I grant permission for my child to use the school's computer system for educational activities including online access. I understand that individuals and families may be held liable for any inappropriate behavior and disciplinary action may be taken. I understand that some material online may be objectionable, but I accept responsibility to work with the school in guidance of online use, setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Parent's Signature _____ Date _____

Printed Name _____



Crest Lane School

Library/Textbook Lending Agreement

2011-2012

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Phone (410) 840-4240

I agree that if any textbooks, library books, computer software or hardware or other learning materials assigned to my child become damaged, misused beyond normal wear and tear or are lost that I will pay the school for the replacement cost of the book or item.

Student's Name _____ Grade _____

Parent's Signature _____ Date _____



Crest Lane School

Photo/Video Release

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Phone (410) 840-4240

I hereby grant Crest Lane School and its employees, agents and assigns, the rights to photograph my dependent and use the photo, derivatives, and/or other digital reproductions of him/her or other reproductions of his/her physical likeness for publication purposes, whether electronic, print, digital or electronic publishing via the Internet. Furthermore, I assign the rights for any recording, be it audio and/or visual, to be used in the same manner as the aforementioned photographs. Examples include: Website, PR, Wall posters, etc.

Student's Name _____ Grade _____

Student's Signature _____

Parent Name (Printed) _____ Date _____

Parent Signature _____