Pittsburgh Public Schools
Expect great things.

Pittsburgh Public Schools
Emergency Care Form
2020 – 2021 School Year

Form Rev. 07-2020

Please Print. Answer ALL questions and return form to your child's school.

Student's Last Name	Student's First Name		Middle
Street Address		Zip Code	Home Phone
Gender (Check One) ☐ Male ☐ Female	Date of Birth (Month/Day/Year)	Grade	School

Student resides with (Check all that apply. Please PRINT name(s) and phone number(s) where individual(s) can be reached during the day):

☐Mother's Name _____ _____
Phone Number ☐Home ☐Cell ☐Work ☐Other

Email address 1:_____ Email address 2:_____

☐Father's Name _____ _____
Phone Number ☐Home ☐Cell ☐Work ☐Other

Email address 1:_____ Email address 2:_____

☐Guardian's Name _____ _____
Phone Number ☐Home ☐Cell ☐Work ☐Other

Email address 1:_____ Email address 2:_____

Emergency Contacts

In cases of illness or injury, when neither parent/guardian can be reached, PRINT name(s) of individual(s) who should be contacted. By providing this information, you are giving permission for the person or persons listed below to be contacted in case of an emergency.

Name 1: _____ _____
Phone Number ☐Home ☐Cell ☐Work ☐Other

Address:_____

Name 2: _____ _____
Phone Number ☐Home ☐Cell ☐Work ☐Other

Address:_____

Other important information or telephone numbers for emergency contact: _____

_____

(Please turn over to complete Page 2)

Health Information

If additional room is needed for responses to the items below, please use the space provided at the bottom of this form.

Check any of the following health condition(s) that your child may have: ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Allergies (Drugs /Food)

☐ Other Condition(s): _____

List allergies to drugs/food: _____

Please list ALL medications your child is presently taking: _____

_____

Does your child have health care insurance (CHIP, Medicaid or Private) coverage? ☐ Yes ☐ No

Required Vaccines

It is required that all children in grades 7-12 get a Tdap vaccine and a Menactra (meningitis MCV4) vaccine. Has your child received these vaccines? ☐ Yes ☐ No If no, to prevent your child from being excluded from school, please provide proof that your child has received theses vaccines.

State Required Physical

The Commonwealth of Pennsylvania mandates that all students have physical examinations in grades K-1, 6 and 9. These will be provided to your child free of charge, or the examination may be done by your family physician or health care provider. If Your Child is in Grades K-1, 6 or 9, please answer both statements below:

1. I want my child's physical examination to be completed by the School District. ☐ Yes ☐ No
2. I will have my child's physical examination to be completed by our family physician or health care provider and sent to the School Nurse. ☐ Yes ☐ No

NOTE: Please send record of physical examination to the School Nurse by OCTOBER 31st of the current school year.

Consent for Treatment of Child

In addition to First Aid, the School Nurse/School Nurse Practitioner may treat my child with the following. Check Yes or No for each:

Tylenol ☐ Yes ☐ No (Acetaminophen)	Antacid ☐ Yes ☐ No (Tums, heart burn, etc.)	Benadryl ☐ Yes ☐ No (Allergy medication)	Ibuprofen ☐ Yes ☐ No (Advil/Motrin)

I give my consent to the school nurse to carry out ALL of those items indicated by "Yes" responses above. I also hereby verify that the information provided on this form is true and correct to the best of my knowledge, information and belief. I understand that false statements may be subject to penalties of 18 Pa. C.S.A. §4904.

_____ _____

Parent/Guardian Signature (Full Name) Date

Additional Information (Medical conditions, allergies, etc.)

_____

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