Pittsburgh Public Schools
Expect great things.

Pittsburgh Public Schools
Emergency Care Form
2022 – 2023 School Year

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 ☐ Non-Binary	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**, please provide proof that your child has received theses vaccines to prevent your child from being excluded from school.

Provision of School Health Services and Mandated School Health Services

The Commonwealth of Pennsylvania mandates that all students have physical examinations in grades K/1, 6 and 9, and dental examinations in grades K/1, 3 and 7. These examinations will be provided to your child free of charge by the district, or the examinations may be done by your family health care providers (MD/DO/DMD) at your own expense. If Your Child is entering the grades mentioned above, please answer the statements below:

1. I want my child's **physical examination** to be completed by the School District. ☐ Yes ☐ No
2. I want my child's **dental examination** to be completed by the School District. ☐ Yes ☐ No
3. I will have my child's physical examination completed by our family health care provider and send it to the School Nurse. ☐ Yes ☐ No
4. I will have my child's dental examination completed by our family dentist and send it to the Dental Hygienist. ☐ Yes ☐ No

NOTE: Private physical examinations and dental examinations must be within 4 months of July 1, 2022. Exam report should not be dated prior to April 2022 or after March 2023.

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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