West Allegheny School District
Permanent Record Card
Emergency/Medical Authorization

Student Name_____ Birthdate_____
Last First Middle

Home Address:_____

Primary Phone:_____

Ethnicity (circle one): American Indian Asian Black Hispanic White Multi-Racial
This is a required reporting item mandated by the No Child Left Behind Act of 2001.

Natural Father_____ Living or Deceased (Circle One)
Last First Middle

Father's Place of Employment_____ Work/ Cell Phone #_____

Natural Mother_____ Living or Deceased (Circle One)
Last First Middle

Mother's Place of Employment_____ Work/ Cell Phone #_____

Are the natural parents separated? *Yes or No* (Circle One) Email Address:_____

If yes, is the Father remarried? *Yes or No* Is the Mother remarried? *Yes or No*

Who does the student reside with?_____

Is non-custodial parent denied access: _____Yes _____No Custody papers on file_____

Is family considered homeless under the McKinney-Vento Act?* _____Yes _____No

Please list other children in the family and their dates of birth.

Child's Name	Birthdate	Child's Name	Birthdate

Date child entered United States? (if different than birthdate)_____ Pennsylvania?_____

Does your child have an IEP/GIEP?* *Yes or No* If yes, exceptionality_____

School Last Attended (If Any)_____ Grade attended:_____

Address of School:_____ Phone of School:_____

Has student ever been enrolled in the West Allegheny School District? *Yes or No* If yes, when_____

Emergency Contact #1(other than parent)_____ Phone_____

Emergency Contact #2 (other than parent)_____ Phone_____

Primary Doctor_____ Phone_____

*For questions regarding the McKinney-Vento Act or Special Education services, please contact Lynn Utchell – Asst. to the Supt. For Special Ed. at 724-695-5218.

OVER →

In order to update student medical records, please complete the following questions and return to the school health office. If you wish not to share this information with faculty/bus drivers, please inform the nurse's office in writing.

Allergies - ☐ Food Allergy ☐ Bee sting allergy ☐ Tree nut allergy ☐ Other_____

This allergy requires use of Ep-pen Auto-Injector/Auvi Q ☐ Yes ☐ No

☐ Special Diet (PKU, Gluten free, etc.)_____

_____Anxiety	_____Asthma	_____Attention Deficit Disorder/Hyperactivity
_____Autism	_____Blood Disorder	_____Cardiac Disorder
_____Celiac Disease	_____Cerebral Palsy	_____Chicken Pox
_____Color Blind	_____History of Concussion	_____Crohn's Disease/Ulcerative Colitis
_____Depression	_____Diabetes	_____Down's Syndrome
_____Eating Disorder	_____Heart Murmur	_____Hearing Impaired
_____Hemophilia	_____Migraine headaches	_____Osgood-Schlatter Disease
_____Prosthetic Devices	_____Scoliosis	_____Rheumatoid Arthritis (Juvenile)
_____Seizure Disorder	_____Spina Bifida	_____Thyroid Disorder
_____Urinary Tract Disorder	_____Vision Impaired	

If you child takes medication on a daily basis, please complete the following information:

Name of Medication:_____

Dosage:_____ Takes in school _____Yes _____No

Reason for medication:_____

PLEASE NOTE: If any medication is required to be given during the school day, a signed permission form must be presented by the physician and the parent. Medication **will not** be given without the above. This includes Tylenol, Advil, Epi-pens/Auvi Q, and over the counter drugs. **Parents must provide the medication**

Please list dates of any serious accidents, operations, concussions, or any other medical conditions:_____

_____

_____

Please list any health conditions or limitations your child has:_____

_____

_____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow the instructions. If it impossible to contact this physician, the school may make whatever arrangements are necessary.

I hereby agree to hold the West Allegheny School District and its representative harmless for exercising its judgment in authorizing such emergency medical treatment.

Signature of Parent or guardian:_____ Date_____

School Nurses Contacts: Barbara Lecker, R.N., Senior High School, (724) 695-5256
Linda Hart, R.N., Donaldson Elementary (724) 213-1015
Carolyn Stultz, R.N., McKee Elementary, (724) 695-5265
Mary Beth Hill, R.N., Middle School - (724) 695-5234
Michelle Psaros, R.N., Wilson Elementary, (724) 695-5275