



MOON AREA STUDENT EMERGENCY INFORMATION

Please print using black or blue ink. If using web form, sign in ink. Complete all information on both pages for each child.

Rapid Alert Notification System Information	1 - Student Information			
	Student Name:			Date of Birth:
	Sex: M <input type="checkbox"/>	F <input type="checkbox"/>	Grade:	Homeroom Teacher:
	Your child resides with (check)		Custodial Parent #1: <input type="checkbox"/>	Custodial Parent #2: <input type="checkbox"/>
			Both: <input type="checkbox"/>	Other: <input type="checkbox"/>
	2 - Custodial Parent/Guardian #1 (Custodial=First parent or guardian who is given physical or legal custody by <u>court order</u> .)			
	PLEASE NOTE: THIS IS THE FIRST PERSON THAT WILL BE CONTACTED REGARDING HEALTH ISSUES			
	Name:		Relation to Student:	
	➡ Physical address is required and will be used for student transportation purposes.			
	House # and Street:			Apt. No.:
PO Box:				
City:		Zip:	Employer:	
Phone numbers—Checking a box indicates that phone will <u>NOT</u> be used for rapid alert broadcasts. Must have at least one box unchecked for attendance purposes.				
<input type="checkbox"/> Cell:		<input type="checkbox"/> Home:	<input type="checkbox"/> Other:	
Email:				
3 - Custodial Parent/Guardian #2 (Custodial=Second parent or guardian who is given physical or legal custody by <u>court order</u> .)				
Name:		Relation to Student:		
➡ Physical address is required and will be used for student transportation purposes.				
House # and Street:			Apt. No.:	
PO Box:				
City:		Zip:	Employer:	
Phone numbers—Checking a box indicates that phone will <u>NOT</u> be used for rapid alert broadcasts. Must have at least one box in P1 or P2 unchecked for attendance purposes				
<input type="checkbox"/> Cell:		<input type="checkbox"/> Home:	<input type="checkbox"/> Other:	
Email:				

4 - Since the care and treatment of the student is primarily the responsibility of the parent, every effort will be made to contact the parent first. Please list Other Contacts who can be contacted regarding student's care in the event a parent cannot be located. Only those listed below will be permitted to pick up your child in case of illness or emergency (unless otherwise specified by parent.			
E1	Name:		Phone #:
	Name:		Relationship:
	Name:		Relationship:
5 - List anyone who is NOT PERMITTED to visit/pick up your child from school. Note: You must file papers with the District.			
Office	Name:		
	Relationship:		Court Papers? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Name:		
	Relationship:		Court Papers? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
6 - Others who may pick-up your student from school. ID will be required at pick-up.			
Office	Name:		Name:
	Name:		Name:
	Name:		Name:
	Name:		Name:
7. Because family dynamics change, <u>decline</u> media forms will be collected each year. Full disclosure may be found on www.moonarea.net under the Public Relations tab. The decline form must be completed and returned to your child's building.			
<i>I hereby grant MASD the right and permission to publish/use photographs, name, video and/or audio recordings of my child, and schoolwork created by my child, to promote my child, school, and district through its own media productions, yearbook, or through the external media. I understand a decline form must be completed and returned to the school.</i>			

Custodial Parent/Guardian Signature: _____ Date: _____



MOON AREA STUDENT EMERGENCY INFORMATION

Please print using black or blue ink. If using web form, sign in ink. Complete all information on both pages for each child.

Student Name:	Grade:	Date of Birth:
---------------	--------	----------------

In case of serious illness/injury, or one which we feel needs immediate attention, children are transported to the emergency room at Sewickley Hospital. Please note that if an ambulance is called, it is up to emergency personnel in charge to decide where to transport and the parent/guardian will assume financial responsibility.

Family Medical Personnel		
Family Physician:	Phone #:	Family Dentist: Phone #:
Medical/Hospital Insurance Co. & Policy #:		Subscriber:
Allergies Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Please list all allergies:	
	Describe reaction:	
	Difficulty breathing? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Emergency medication needed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	PLEASE NOTE: if your child needs epinephrine, it is your responsibility to provide it to the nurse with orders of a physician and written authorization of a parent or legal guardian. Please provide student's epinephrine in the original box provided by the pharmacy.	
Asthma Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Triggered by:	
	Usual Treatment:	
	Diagnosis Date:	Doctor name: Dr. Phone:
	PLEASE NOTE: If your child needs an inhaler it is your responsibility to provide it to the nurse along with orders of a physician and written authorization of a parent or legal guardian. Students in grades 6-12 may carry their own inhaler if they have a Dr.'s order, the nurse can verify proper self-administration and student and parent have signed the asthma contract. Please request one from the nurse.	
Concussions Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Describe:	
	Restrictions? (Requires a doctor's note)	
Diabetes Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Usual treatment:	
	Doctor's Name who Diagnosed:	Date:
	Current Doctor's Name (if different from above):	
Seizures Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Describe Seizure:	
	Date of last seizure:	Medication:
Heart Condition Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Describe:	
	Restrictions? (Requires a doctor's note)	
Other Medical Conditions or Concerns		
Daily Meds at Home	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Name, dose, time of medication:
Medication at school	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Name, dose, time of medication:

Supplemental student insurance is available for purchase. Please visit www.moonarea.net for more details.

MEDICATION POLICY

Only medications that are necessary during school hours will be accepted. Medication, including prescription and non-prescription, will be given by the school nurse in original containers with orders of a physician and written authorization of a parent or legal guardian. Both prescription and over-the-counter medication including any topical products must be delivered by the parent directly to the school nurse.

Exception for Potentially Harmful Administration: It shall be the policy of this District that the District will not knowingly administer any medication to a student if the District's registered professional school nurse believes, in his/her professional judgment, that such administration could cause harm to the student, other students, or the District itself. Such cases may include, but are not necessarily limited to, situation in which the District is being asked to administer medication in a dosage that exceeds the highest recommended dosage. Please note that the school nurse will share only medical information deemed by the nurse to be necessary in case of an emergency with appropriate district staff who have a "need to know" for the wellbeing of the student. Please notify the nurse if there is something that should not be shared. The above information may be shared with other school personnel on an as need to know basis.

Custodial Parent/Guardian Signature: _____ Date: _____