

**Mercer Area Elementary School Registration**  
**301 Lamor Road, Mercer, PA 16137**

Today's Date \_\_\_\_\_

Entering Grade \_\_\_\_\_

Student's (Legal) Last Name First Middle

Male

Female

Home Address — **Proof of Residency (2 Required)**

Age

Birth Date

City State Zip code

Place of Birth — City/State/Country  
Pennsylvania Entry Date: \_\_\_\_\_

**Legal Residence/Township:**

Mercer Borough

Coolspring

East Lackawannock

Findley

Jefferson

**Ethnicity of Student (check all that apply):**

American Indian/Alaskan Native

Asian

Black (Non-Hispanic)

Hispanic

Native Hawaiian/Pacific Islander

White (Non-Hispanic)

**Child Resides With:**

Both Parents

Mother\*

Father\*

Other\* - \_\_\_\_\_

**Provide Custody Agreement or proof of Guardianship**

Parent/Guardian's Name

Parent/Guardian's Name

Mailing Address

Mailing Address

City/State/Zip Code

City/State/Zip Code

Home Phone/Cell Phone

Home Phone/Cell Phone

Work Place/Phone (extension or department)

Work Place/Phone (extension or department)

Email Address

Email Address

**Emergency Contact** (Other than parent/guardian) Phone Number

\_\_\_\_\_  
\_\_\_\_\_

**List all children residing at this address:**

First Name Last Name Birth Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous School (including preschool):** \_\_\_\_\_

**Complete Address -** \_\_\_\_\_

Is the student's parent/guardian an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp. and Coast Guard) including full-time National Guard? \_\_\_\_\_ YES \_\_\_\_\_ NO



# HOME LANGUAGE SURVEY

**ALL newly registering students regardless of race, nationality, or language origin MUST complete this form.** Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

**Student Information (Parents/Guardians should complete this section):**

Child's first name: \_\_\_\_\_

Child's family name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Month Date Year

**Questions for Parents or Guardians**

1. Is a language other than English spoken in the child's home?

☐ No ☐ Yes (language) \_\_\_\_\_

2. Does your child communicate in a language other than English?

☐ No ☐ Yes (language) \_\_\_\_\_

3. What is the language that your child first learned to speak?

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Interpreter Provided: ☐ No ☐ Yes



# MERCER AREA SCHOOL DISTRICT

545 West Butler Street  
Mercer, Pennsylvania 16137



**Michael G. Piddington**  
Assistant Superintendent  
mpiddington@mercer.k12.pa.us  
Central Office  
724-662-5100

**Ronald R. Rowe, Jr., Ed. D.**  
Superintendent  
rrowe@mercer.k12.pa.us  
Fax Number  
724-622-5109

**Michael H. Stabile**  
Business Manager/Board Secretary  
mstabile@mercer.k12.pa.us  
Business Office  
724-662-4120

## Parental Registration Statement

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

### Please complete the following:

I hereby swear or affirm that my child was \_\_\_\_\_ was not \_\_\_\_\_ previously suspended or expelled, or is \_\_\_\_\_ is not \_\_\_\_\_ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A (b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

\_\_\_\_\_

Dates of suspension or expulsion:

\_\_\_\_\_

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

*The Mercer Area School District does not discriminate on the basis of race, sex, color, creed, age, handicaps, or national and ethnic origin in administration of its educational or employment policies.*

Mercer Area Elementary School  
*Registration Placement Information*

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Grade Entering

\_\_\_\_\_  
Today's Date

Please circle the appropriate response:

1. Has your child ever been evaluated by the School Psychologist? Yes No

2. Does your child have an IEP-Individual Education Plan (not gifted)? Yes No

If yes to #2, your child's primary disability is:

Autism	Orthopedic Impairment
Deafness	Other Health Impairment
Deaf-blindness	Specific Learning Disability
Emotional Disturbance	Speech or Language Impairment
Hearing Impairment	Traumatic Brain Injury
Intellectual Disability	Visual Impairment including Blindness
Multiple Disabilities	

3. Does your child have a GIEP (Gifted)? Yes No

4. Did your child participate in a Title I Program at the previous school? Yes No

5. Does your child have a 504 Plan under Chapter 15? Yes No

6. Did your child qualify for a free or reduced lunch at the previous school? Yes No

7. Does your child receive any mental health services?  
(i.e. individual counseling, wrap around/TSS, mobile therapy or other) Yes No

If yes, Agency's name - \_\_\_\_\_

8. Please list every school your child has attended since the age of 5.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MERCER AREA SCHOOL DISTRICT  
Census Enumeration

Student Last Name

Township or Boro

Address

Phone Number

Date \_\_\_\_\_

[illegible]



## Mercer Area School District

Mercer Area Elementary School  
301 Lamor Road • Mercer, PA 16137  
724-662-5102  
www.mercer.k12.pa.us



To: \_\_\_\_\_ Fax: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Start Date: \_\_\_\_\_

The above student is enrolling at Mercer Area School District.

» Please send all records and information available for this student to include:

- Permanent Record
- Health & Immunization Records
- Grades / Transcript / Test Scores
- Copy of Birth Certificate
- Career Readiness Portfolio
- Attendance & Discipline Records

Please send records and information to:

Brittany Milliren  
Mercer Area Elementary School  
301 Lamor Road  
Mercer, PA 16137  
Fax: 724-662-5103

» If applicable, please send all Special Education Records to include:

- IEP
- Psychological
- ER / RE-EVAL / WAIVE
- Date of original permission to evaluate, etc.
- NOREP
- GIEP / GWR / NORA

Please send Special Education information to:

Laurie Shillito  
Mercer Area Elementary School  
301 Lamor Road  
Mercer, PA 16137  
Fax: 724-662-5103  
Email: lshillito@mercerc.k12.pa.us

I hereby authorize the release of my child's records and any appropriate information to Mercer Area School District. This information is to be used only for professional purposes and it will be treated in a confidential manner.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

# MERCER AREA SCHOOL DISTRICT

## ADMINISTRATIVE POLICY EMERGENCY EVACUATION PLAN

There are occasions when we will need to evacuate our buildings due to emergencies. Experience tells us that no two emergency situations are likely to be exactly the same. Also, our response to each emergency will be, and should be, somewhat different based on our knowledge of the danger in each situation. Therefore, this policy should act as a guide to be followed, yet adapted as necessary.

### **Threat: Fire/Explosion/Other Disaster**

Superintendent will contact building level administrators.

Based on the type of disaster and location, Superintendent will instruct building administration on action.

General Rules:

- Evacuate buildings via PA system with calm and order.
- Instruct staff to stay with students.
- Send staff and students to emergency site:
  - A) High School – Brandy Springs; Elementary – Soccer field or:
  - B) High School – Elementary; Elementary – to High School.
- Headquarter Options – High School, Borough Building
- Reunification Points:
  - A) High School-Mercer United Methodist Church, E. Butler Street, 724-662-3320
  - B) Elementary – Bethany Presbyterian Church, Venango Street, 724-662-4340

Media Notification – By Superintendent

### **Threat: Early Dismissal/Evacuation of a Building**

If for some reason a building is unsafe due to emergency, including loss of water, heat, or other essential service, the following actions should occur:

- Superintendent, in consultation with the School Board President and building level administration, shall call for the students in the building to be evacuated to the other district building.
- Busses shall be called to transport students to the alternate site (other building in district).
- Cafeteria personnel shall move to the new site to provide emergency rations.
- Notification shall be given to media as to the extent of the emergency, the new location, and parental instructions.
- Students may be dismissed to their parents or released via dismissal form (attached).
- Any students not picked up shall ride home on their regular bus routes.
- Parents will be notified by Blackboard Connect Platform (Mercer School District mass notification system).
- All school personnel shall provide support throughout the emergency.

(continued on back\*)

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*Please cut and return to your child's school **only** if you wish unrestricted dismissal for your child.*

**2022-2023**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

By signing and returning this form, I agree that my child may be released from school custody during emergency conditions. This would be in effect only when the School District declares such an emergency. **Students without this release will be retained until the normal end of the school day** and will be provided their normal transportation, unless personally picked up by parent or designee.

Parent's Signature (For Release Only): \_\_\_\_\_

Name of Designee (For Pickup Only): \_\_\_\_\_  
(Other Than Parent)

### **Threat: Early Dismissal/Evacuation of Both Buildings**

If for some reason, both buildings are unusable due to utility outage, the following actions shall occur:

- Superintendent, in consultation with the School Board President and building level administrators, shall call for the implementation of evacuation.
- Students will remain in the building until parents pick them up or in the case of older children, parent contact is made with the school to dismiss.
- Also, students with parental release forms may be dismissed (form attached).
- Any students remaining at the end of the day shall be transported home in a normal fashion.
- Emergency cold lunches will be provided to the students.
- Superintendent will notify the media of the emergency and advise parents as to the procedures to pick-up children.
- Parents will be notified by Blackboard Connect Platform (Mercer School District mass notification system).
- All school personnel shall provide support and supervision throughout the emergency.

### **Threat: Weather Storm During School**

If a weather related storm should occur during school the children will be housed safely within the school building. Early dismissal for weather related incidents will not usually occur. Parents concerned about transporting their children home may pick them up early, if they so choose.

In case of a dramatic weather event (ex: ice storm, etc.) the district may choose not to transport the children home at the normal time for safety reasons. During such an event efforts will be made to do the following:

- Provide staff supervision of the children.
- Notify parents by Blackboard Connect Platform (Mercer School District mass notification system) that their children are in school and that transportation is being delayed.
- Provide food for the children, if necessary.
- Release children to parents or guardians as they arrive at school.
- Set up emergency shelter and sleeping arrangements, if necessary.

#### **FOR YOUR INFORMATION**

/Summoning busses to pick-up children may take up to two hours.

/Busses to transport students between schools will be designated by those that can be summoned in the shortest time.

/Transporting between schools (by busses) is preferred. However, if leaving the area is critical, orderly walking should be considered.

/This document is not all inclusive. Many other procedures are provided in the District's Emergency Management Plan. This plan is available for your review in any of the administrative offices or school libraries.

/Weather delays and postponements will be reported to: WKBN, WPIC, Y103, WPXI, WTAE, and on the Mercer School District Homepage ([www.mercer.k12.pa.us](http://www.mercer.k12.pa.us))



# MERCER AREA SCHOOL DISTRICT

## Request for Transportation

Mr. Stephen Hoover, Transportation Director

724-662-5100 ext. 40

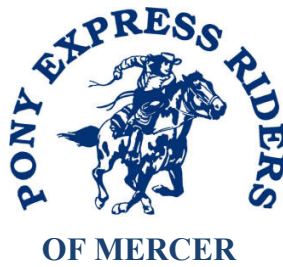
Student Name(s):	Grade		Home Address:
			Street Apt. #
			City State ZIP
Parent/Guardians Name(s)	Relationship		Telephone Number:
Today's Date _____		Reason for Request: <u>New Student</u>	

<input type="checkbox"/> HOME (Address listed above)		<input type="checkbox"/> HOME (Address listed above)
<b>Requested PICK-UP Address</b>		<b>Requested DROP OFF Address</b>
Street Apt. #		Street Apt. #
City		City

PLEASE DO NOT WRITE BELOW THIS LINE—TRANSPORTATION DEPT. ONLY

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NEW: AM BUS# \_\_\_\_\_ TIME: \_\_\_\_\_ PARENT \_\_\_\_\_  
NEW: PM BUS# \_\_\_\_\_ TIME: \_\_\_\_\_ SCHOOL \_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_ BUS \_\_\_\_\_  
Mooooooooosetracks \_\_\_\_\_



Dear Families,

**2022-2023**

**To ensure a safe and efficient dismissal of our students, we ask all parents to fill out the form below. Each child** must return a completed form. Please make sure to include people on the form who are **ALWAYS** permitted to pick up your child for dismissal.

**Also, please do not forget to include parent/guardian names and sign the bottom.**

Information about our dismissal procedure...

- **If you will pick up your child every day, please send a note/email to your child's teacher on or before the first day of school.**
- **If your child normally rides the bus, please send a note with your child on days they will be picked up. Any student WITHOUT a note will be put on the bus.**
- Dismissal for Pony Express Riders (parent pick-ups) will be at 3:00 using the main office entrance. If you arrive early, please **wait in the soccer field lot until the buses have left**, and then drive or walk over to the office.
- **PLEASE REMEMBER AND/OR REMIND THE PICK-UP PERSON TO BRING A FORM OF PHOTO I.D.**

-----Please Print-----

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last, First

Name:	Relationship:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, \_\_\_\_\_, give Mercer Area School District permission to dismiss my child to those listed above for the 2022-23 school year. I will contact the elementary office should any changes need to be made.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MERCER AREA ELEMENTARY SCHOOL

## STUDENT-PARENT HANDBOOK SIGNATURE PAGE

(Handbook available online @ [www.mercer.k12.pa.us](http://www.mercer.k12.pa.us))

**Please sign and return this form to your child's teacher.**

**Each student must return this form.**

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**Student's Name**

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**Grade/Room #**

I, \_\_\_\_\_, have reviewed and discussed the Student-Parent Handbook  
(Print Parent/Guardian Name) for the 2022 – 2023 school year with my child.

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**Parent/Guardian Signature**

**Date**

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### WALKING FIELD TRIP PERMISSION

Occasionally students will take walking field trips to local sites in coordination with curricular studies. I understand that my child will be participating in these and will be required to follow all school rules on these walking field trips.

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**Parent/Guardian Signature**

**Date**

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### INTERNET PERMISSION

In coordination with the computer technology curriculum, all students will be using the Internet for approved educational purposes. I accept responsibility for permitting my child to use the Internet for approved educational purposes. In addition, I understand that my child will be denied privileges of using the computers if she/he violates policy in regard to their use.

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**Parent/Guardian Signature**

**Date**

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### PARENT NOTIFICATION

Mercer Elementary students will be learning new skills using technology. Some of this technology will require students to become a member of a website. They will be logging into the site with a username and password. Our district is providing each student with a log in name and password to facilitate this process.

At times, student usernames will be posted beside their work on the websites; however, privacy will be maintained in the following ways:

1. Full names will not be used for usernames
2. Only members (students and teachers) of the website will be able to see the site.

This process follows our district's Acceptable Use Policy.

This is an exciting opportunity for our students! We look forward to teaching them these new skills.

6/8/22

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**Parent/Guardian Signature**

**Date**



# MERCER ELEMENTARY SCHOOL

## 2022–2023 SUGGESTED SCHOOL SUPPLY LIST

If possible please send these supplies with your child on the first day of school – August 23<sup>rd</sup>



### GRADE 1

- ☐ 2 – boxes of Crayola crayons (24 count)
- ☐ 3 – large **Elmer's** glue sticks
- ☐ 1 – box of snack/sandwich Ziploc bags
- ☐ 1 – pencil box (standard size-plastic)
- ☐ 1 – box of tissues
- ☐ 1 – canister of Clorox wipes
- ☐ 1 – full change of clothes in a labeled gallon bag
- ☐ 1 – “paint” t-shirt in Ziploc bag labeled with name

### GRADE 2

- ☐ 2 – 10 or 12 packs of #2 **Ticonderoga** pencils
- ☐ 2 – large **WHITE** glue sticks
- ☐ 2 – boxes of 24 count Crayola crayons
- ☐ 2 – **black** expo dry erase markers
- ☐ 1 – pencil box (standard size-plastic)
- ☐ 1 – box of tissues
- ☐ 1 – box of Ziploc bags (quart, gallon, or snack)
- ☐ 1 – “paint” t-shirt in Ziploc bag labeled with name

### GRADE 3

- ☐ 2 – packs of #2 **Ticonderoga** pencils
- ☐ 1 – large glue stick
- ☐ 1 – box of crayons (16 or 24 count)
- ☐ 4 – black dry erase markers
- ☐ 1 – marble composition book
- ☐ 1 – pencil box
- ☐ 1 – box of tissues
- ☐ 1 – bottle of hand sanitizer
- ☐ 1 – canister of Clorox wipes
- ☐ 1 – “paint” t-shirt in Ziploc bag labeled with name

### GRADE 4

- ☐ 2 – packs of #2 pencils
- ☐ 1 – large **WHITE** glue stick
- ☐ 1 – squeeze bottle of glue
- ☐ 1 – pencil box or pouch
- ☐ 1 – box of crayons
- ☐ 6 – double-sided pocket folders (blue, black, red, green, yellow, one of your choice)
- ☐ 1 – one subject spiral notebook
- ☐ 1 – marble composition book
- ☐ 2 – boxes of tissues
- ☐ 2 – dry erase markers
- ☐ 1 – bottle of hand sanitizer
- ☐ 1 – “paint” t-shirt in Ziploc bag labeled with name

### GRADE 5

- ☐ 1 – pack of #2 **Ticonderoga** pencils
- ☐ 1 – pack of colored pencils
- ☐ 1 – handheld pencil sharpener
- ☐ 1 – large glue stick
- ☐ 1 – highlighter
- ☐ 1 – pencil box or pouch
- ☐ 2 – marble composition books
- ☐ 1 – 1" 3 ring binder
- ☐ 1 – pair of ear buds - *optional*
- ☐ 1 – box of tissues
- ☐ 1 – canister of Clorox wipes

### GRADE 6

- ☐ 2 – packs of #2 **Ticonderoga** pencils
- ☐ 1 – large **WHITE** glue stick
- ☐ 1 – pack colored pencils
- ☐ 1 – pencil box/bag
- ☐ 2 – highlighters
- ☐ 2 – black dry erase markers
- ☐ 6 – double-sided pocket folders
- ☐ 3 – one-subject spiral notebooks
- ☐ 2 – marble composition books
- ☐ 2 – pads of “Post-it” notes
- ☐ 1 – 1 ½" 3 ring binder – **6<sup>th</sup> grade math students ONLY**
- ☐ 1 – pair of ear buds - *optional*
- ☐ 1 – bottle of hand sanitizer
- ☐ 2 – boxes of tissues



# MUSTANG PRIDE



Mustang Pride is strong at Mercer Elementary School! Our School-Wide Positive Behavior Support program recognizes our students for all of the positive things they do.

During the first week of school, the students rotated through various centers to learn the expectations of our school. They learned what it means to **Be Safe, Be Kind, Be Respectful**, and **Be Responsible** in the following areas: Hallways, Cafeteria, Restrooms, Playgrounds, Classrooms, Assemblies, Buses, Arrival, and Dismissal. Since your child is new to the district, there is a student council member that is assigned to your child to give him/her a tour of the school, teach the expectations around the building, and make your child feel welcome!

A reward system has been developed to recognize students for their good choices. When students receive tickets from staff members for demonstrating an understanding of the expectations, they will be called down to our Mustang Pride showcase at the end of the day. They will receive a certificate to take home, a small "treat", and they will be asked to pick a numbered bingo chip from a container. The number that the child pulls will be recorded on our Mustang Pride Grid displayed in the hallway to recognize them as role models. When a row fills up on the grid, a BINGO occurs and that row of students will earn an extra prize. These extra prizes will be special activities such as VIP lunch tables, movie and popcorn parties, additional recess, computer time, etc.

Throughout the school year, the School-Wide Positive Behavior Support team will collect continuous behavioral data. We use the Office Referral Form (ORF) to collect this data (See back). Minor behaviors will be documented by the classroom teacher, and major behaviors will be documented in the office. The information obtained from this form will be entered into a computerized data system that will allow us to monitor the disruptive behaviors occurring throughout our school and develop interventions to improve these behaviors. The interventions will always focus on our four positive school expectations. At our monthly meetings, the School Wide Positive Behavior Team will track the data to see if an intervention has been effective or if a new one needs to be developed. The goal of this process is to decrease the amount of time spent on behavior disruptions and to increase the amount of time spent on academics. We are trying to prepare our students to be productive citizens in our community. We hold every child to high behavioral and academic standards. **We believe in our students, and we want them to believe in themselves.** Thank you for your continued support at home! It is greatly appreciated!

Sincerely,  
The SWPBS Team



Hello new families to our district,

Each year every new student to our school district receives a **FREE** Mustang Pride t-shirt!  
These shirts will be worn throughout the year on designated **MUSTANG PRIDE** days!

PEP, our parent organization, has been a tremendous support to our school, and they will be purchasing these shirts for your child. Thank you PEP for your support!

Please fill out the bottom portion of this form and return it to your child's classroom teacher.  
Remember, there is **no cost** for this shirt! When considering your child's size, please keep in mind he/she will have multiple occasions to wear this shirt year after year. If your child should outgrow his/her size, you will have the opportunity to purchase a new Mustang Pride t-shirt each year.

If this form is not returned, a size will be assigned to your child.

Student Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

### T Shirt Design



Please Check Shirt Size:

Youth Small ☐ Youth Medium ☐ Youth Large ☐

Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult XL ☐ Adult XXL ☐

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### For the Office Use ONLY

Ambassador's Name(s): \_\_\_\_\_

Ambassador's Homeroom(s): \_\_\_\_\_



Please complete, sign and return the first week of school.



Mercer Elementary School  
Annual Health and Emergency Information 2022-2023

Grade\_\_\_\_\_Teacher\_\_\_\_\_

Student Name:\_\_\_\_\_Date of birth\_\_\_\_\_  
Last First

Home address\_\_\_\_\_

Student lives with\_\_\_\_\_

Siblings\_\_\_\_\_

Where parent/guardian can be reached during school hours:

Name\_\_\_\_\_Relation\_\_\_\_\_

Phone #1\_\_\_\_\_Phone #2\_\_\_\_\_

Name\_\_\_\_\_Relation\_\_\_\_\_

Phone #1\_\_\_\_\_Phone #2\_\_\_\_\_

Emergency contact who will assume responsibility for the care of you child during the day if you cannot be reached

Name\_\_\_\_\_Relation\_\_\_\_\_Phone \_\_\_\_\_

Name\_\_\_\_\_Relation\_\_\_\_\_Phone \_\_\_\_\_

Student's Physician\_\_\_\_\_Phone\_\_\_\_\_

Student's Dentist\_\_\_\_\_Phone\_\_\_\_\_

Does your child have any health issues or medical diagnosis? No\_\_\_\_\_ Yes\_\_\_\_\_

Describe\_\_\_\_\_

Please list allergies (bee sting, food, latex, mediations) including treatment needed

\_\_\_\_\_Treatment\_\_\_\_\_

\_\_\_\_\_Treatment\_\_\_\_\_

Current medications that your child is taking None\_\_\_\_\_ Yes\_\_\_\_\_ (please list below)

Medication	Dosage	Reason for Medication/Diagnosis

I give my permission for my child to receive the following medications at school (check all that apply). \*These medications will be dispensed at the nurse's discretion.

Tylenol/acetaminophen	
Advil/ibuprofen	
Cough drops	

Tums/antacid (for upset stomach)	
Benadryl (for allergic reactions only)	

Information that is health related and may affect your child during the school day will be shared with appropriate school personnel in a confidential manner. If there is a health issue your child's bus driver should know, please contact your driver.

I consent to first aid, emergency care, and mandated screenings (listed on reverse side) as deemed necessary by the school nurse, physician and state. In a medical emergency I give permission to transport my child by ambulance to the nearest hospital.

Parent/Guardian signature\_\_\_\_\_Date\_\_\_\_\_



<b>Additional information:</b>

### MANDATED SCHOOL HEALTH SERVICES

Every child of school age attending or who should attend a public or private/non public school within the Commonwealth of Pennsylvania must receive the following health services.

Service	K	1	2	3	4	5	6	7	8	9	10	11	12
Dental Examination	X			X				X					
Growth Screen	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing Screen	X	X	X	X				X				X	
Immunization Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X
Maintenance of Health Record	X	X	X	X	X	X	X	X	X	X	X	X	X
Medical Examination	X						X					X	
School Nurse Services	X	X	X	X	X	X	X	X	X	X	X	X	X
Scoliosis Screen							X	X					
Tuberculin Test (Unless approved to discontinue)	X									X			
Vision Screen	X	X	X	X	X	X	X	X	X	X	X	X	X

§ 23.84. Exemption from immunization. This code allows for the medical, religious and conscientious exemptions to immunizations as condition for school attendance, provides as follows:

- (a) *Medical exemption.* Children need not be immunized if a physician or the physician's designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.
- (b) *Religious exemption.* Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.