

Chester Community Charter School

STUDENT REGISTRATION PACKET

East Campus

Bldg. A - 225 E. 5th St.
Bldg. B - 214 E. 5th St.
Bldg. C - 315 E. 5th St.
Bldg. D - 405 Madison St.
Chester, PA 19013

West Campus

Bldgs. A, B & C
2730 Bethel Rd.
Chester, PA 19013

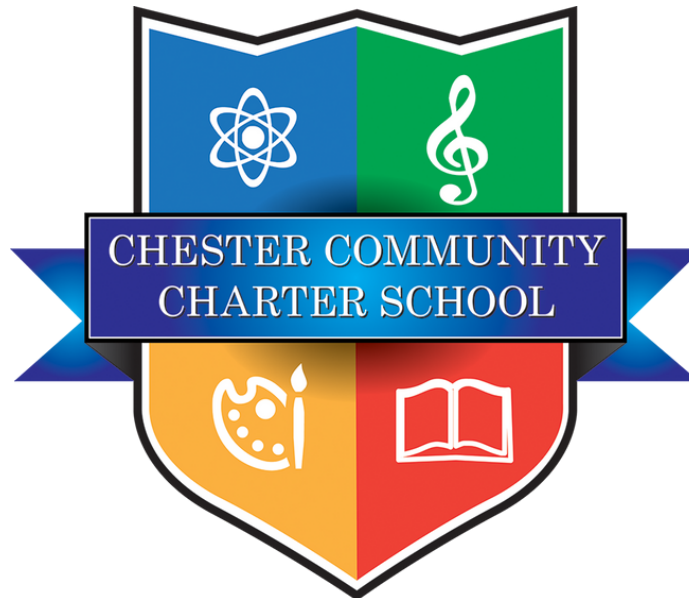
Upland Campus

1100 Main St.
Upland, PA 19015

Aston Campus

200 Commerce Dr.
Aston, PA 19014

Building a Better Community, One Student at a Time



REQUIREMENTS FOR ENROLLMENT

- Birth Certificate
- Immunization Records
- Lease or Deed
 - Tax Bill acceptable in lieu of Deed
- Current Utility Bill (must be dated within 45 days)
 - Electric ◦ Water
 - Gas ◦ Sewage
- Photo ID

Please indicate your preferred campus for enrollment (subject to change dependent upon space) **All students in grades 6th-8th will attend Aston Campus:**

East Campus West Campus Upland Campus
 Bldg. A Bldg. A
 Bldg. B Bldg. B
 Bldg. C Bldg. C
 Bldg. D

For Office Use Only

Enrollment Counselor: _____

Referring Organization: _____

Chester Community Charter School

Student/Family Information Form

Student's Name

Last Name:	First Name:	Middle Initial:	Suffix:
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Date of Birth:	Grade Applying for:	School Yr. Applying For:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Student's Address (City, State, Zip):

Home District:	Home School:
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Racial Codes (Please check one):

American/Indian/Alaskan Native (1)
 Black/African American (3)
 Hispanic/Latino (4)

White (5)
 Asian (9)
 Hawaiian/Other Pacific Islander (10)
 Multi-Racial (6)

Please check one:

Hispanic or Latino Not Hispanic or Latino

Birth Mother's Name: <input type="checkbox"/> Active Military?	Birth Father's Name: <input type="checkbox"/> Active Military?
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Guardianship

Student Lives with:	Parent/ Guardian Name:
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Parent/Guardian Email:

Parent/Guardian Primary Number:	Parent/Guardian Home/Secondary Number:
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Has your child previously attended CCCS (If yes, indicate year & grade):

Yes No If yes, what year and grade _____

Please list any siblings:

Name: _____ Grade _____ Do they attend CCCS? _____

Name: _____ Grade _____ Do they attend CCCS? _____

Name: _____ Grade _____ Do they attend CCCS? _____

Chester Community Charter School

Pick-up & Early Dismissal Form

Student's Name

Last Name:	First Name:
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Parent/Guardian's Name:

Parent/Guardian's Signature:	Date:
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As information, if a child misses his/her bus, it is Chester Community Charter School's policy that school personnel cannot transport students under any circumstances. If a student misses his/her school bus we will notify the parent/guardian at the phone numbers you listed on the student information form to arrange for transportation home.

In order to release your child at dismissal time or for early dismissal to anyone **other than the parent/guardian** you must complete the following information:

ONLY the following **adults** have permission to pick up my child(ren) from school:

Name:	Relationship:
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Address:

Phone:

Name:	Relationship:
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Address:

Phone:

Name:	Relationship:
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Address:

Phone:

YOUR CHILD(REN) WILL NOT BE RELEASED TO ANYONE WHO IS NOT ON THIS LIST
THIS DOES NOT APPLY TO PARENTS/GUARDIANS ON BIRTH CERTIFICATE OR COURT ORDER DOCUMENTS

Chester Community Charter School
Parental Registration Statement

Student's Name

Last Name:	First Name:
Date of Birth:	Grade:

Parent/Guardian's Name:	
Address:	Phone:

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 or 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. §1301304-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:	
Reason for suspension/expulsion (optional):	
Parent/Guardian Signature:	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.

Chester Community Charter School

Parent Contract

Signing this Parent Contract expresses your commitment to your child's education.

I (we) the parents/guardians of _____
have read and agreed to abide by the Code of Conduct and the Dress Code of Chester Community Charter school. I will support the school as it enforces the Code of Conduct and will work with my child so that he or she understands and respects the Code and accepts the consequences for misbehavior.

We also agree to the following:

Commitment to Education

- I commit to ensuring that my child attends school regularly and arrives on time.
- I will support my child's education by providing a conducive environment for homework and study.

Communication

- I will maintain open communication with the school and promptly inform the school of any changes in contact information.
- I will attend parent-teacher conferences and other school-related meetings.

Support for School Policies

- I will adhere to all school policies, including dress code, code of conduct, and any other rules and regulations.
- I will ensure that my child follows the school's policies and guidelines.

Homework and Assignments

- I will assist my child with homework and assignments as needed and ensure they complete their work on time.

Attendance

- I understand the importance of regular school attendance and will make every effort to ensure my child attends school daily.

Health and Safety

- I will notify the school of any health concerns or conditions my child has.
- I will keep my child home when they are unwell to prevent the spread of illness to other students.

Involvement in School Activities

- I will encourage my child's participation in school activities, clubs, and events when possible.

Volunteering

- I may consider volunteering at the school when needed and as my schedule allows.

Respectful Behavior

- I will instill in my child the importance of respectful behavior towards teachers, staff, and fellow students.

Compliance with School Calendar

- I will adhere to the school calendar, ensuring my child attends school on scheduled school days.

Parent/Guardian Signature:

Date:

Chester Community Charter School
Photograph & Video Permission Form

PHOTOGRAPH AND VIDEO PERMISSION FORM

In order to comply with certain legalities, if you have no objection to having your child's picture or video in either a news or publicity release, please indicate below:

Yes, the Chester Community Charter School has my permission to take my child's video or picture for legitimate school business.

No, the Chester Community Charter School does not have my permission to take my child's video or picture.

Parent/Guardian Signature:

Date:

**Chester Community Charter School
Release of Information**

<p><u>EAST CAMPUS</u> 225 E. 5th St. (BLDG. A) 214 E. 5th St. (BLDG. B) 315 E. 5th St. (BLDG. C) 405 Madison St. (BLDG. D) Chester, PA 19013</p>	<p><u>West CAMPUS</u> 2730 Bethel Rd. (BLDGS. A, B & C) Chester, PA 19013</p>
<p><u>UPLAND CAMPUS</u> 1100 Main St. Brookhaven, PA 19015</p>	<p><u>ASTON CAMPUS</u> 200 Commerce Dr. Aston, PA 19014</p>

CHILD ACCOUNTING
 ADMINISTRATION BUILDING
 302 East 5th St.
 Chester, PA 19013

PLEASE SEND RECORDS TO THE ADDRESS CIRCLED ABOVE

NAME OF SCHOOL/PRE-SCHOOL YOUR CHILD PREVIOUSLY ATTENDED:

ADDRESS OF PREVIOUSLY ATTENDED: _____

Please answer the following questions for students ENTERING KINDERGARTEN:
 Has your child attended a Pre-school/Pre-K program that included an academic preparation (letters, numbers, etc.) Y/N _____. If yes, how many months attended: _____ (please enter name of the most recent previous Pre-school/Pre-K program above).

I, _____, parent/guardian name _____, father / mother / guardian (circle one)

of _____, name of student _____, hereby authorize the release of any and all information in your possession including academic, ESL, athletic, medical, disciplinary and psychological profiles and any and all special education information, of my child to Chester Community Charter School, upon receipt of this authorization.

The above statement is true and correct to the best of my knowledge, information and belief.

Parent/Guardian Signature:	Date:
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Chester Community Charter School

Enrollment Notification Form for School Year _____

Warning: A child enrolled in another public school or a nonpublic school cannot, at the same time, enroll in a charter school.

FIRST SECTION TO BE COMPLETED BY SCHOOL PERSONNEL :

Name of Charter School:	
Address:	
Charter School Contact Person:	
Telephone:	Email:

I. Student's Name

Last Name:	First Name	Middle Initial:
Home Address:		
City:	State:	Zip Code:
County:	Date of Birth	Age:

II. School District of Residence and Former School Information

School District of Residence:		
Former School Information (Other Than Pre-School): <input type="checkbox"/> Public School <input type="checkbox"/> Charter School <input type="checkbox"/> Home School <input type="checkbox"/> Student not enrolled in School Preceding Enrollment in Charter School Because: <input type="checkbox"/> Entering Kindergarten <input type="checkbox"/> Re-Enrolling Dropout <input type="checkbox"/> Other		
Name of Former School:	Withdraw date from former school:	Previous Grade:
Address of Former School		
Was your child receiving Special Education Services based on an IEP?		Y___ N___
If yes, do you have the child's Special Education Records (IEP)?		Y___ N___

Charter School Student Enrollment Form Instructions for this can be found at www.pde.state.pa.us. Under the K-12 schools folder, click on Public School, then Charter School, then Reporting.

III. Parent/Guardian Information:

Both Parents Both Parents Alternately Mother Only Father Only

Child Lives With:

Legal Guardian Foster Parents Other Adult: _____

Special Custodial Court Instructions: Yes No

(If Yes, Please Provide a Copy of Court Order)

COMPLETE PARENT/GUARDIAN NAME AND ADDRESS INFORMATION AS APPLICABLE

Father's Name:

Address:

City, State, Zip

Home Telephone:

Work Telephone:

Mother's Name:

Address:

City, State, Zip

Home Telephone:

Work Telephone:

If The Student Is Not Living With Parents, Please Complete This Section:

Legal Guardian Foster Parent Other Adult (Relation to Child) _____

Name:

Address:

City, State, Zip:

Parent/Guardian Signature:

Date:

My Signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school

IV. To Be Completed By Charter School:

Verification of Birth:

Birth Certificate Other _____

Proof of Residency:

Lease Mortgage Statement Utility Bill
 Other _____

Official Enrollment Date:

Anticipated date of Attendance:

Grade Student is Entering:

Signature of Charter School Representative:

Chester Community Charter School

Acceptable Use Policy

We are very pleased to bring a wide range of technologies to students, staff and faculty at CCCS. The internet and technology on our network are used to support the educational objectives of CCCS. Use of these technologies is a privilege and is subject to a variety of terms and conditions. CCCS retains the right to change such terms and conditions at any time.

Student Guidelines

1. Communication

I will use language that is appropriate when submitting academic work, participating in online forums and working in groups. I will be thoughtful and mindful about the language I use when posting online or sending messages to someone else. I will be mindful of how my words are interpreted by others. I will not use profanity or any language that is offensive to anyone.

2. Privacy

I will be aware of privacy settings on websites to which I subscribe. I understand that anything I do online or electronically is not private and can be monitored. I will not share any personal information about myself, family or faculty. This includes passwords, home addresses, phone numbers, ages, and birth date.

3. Honesty and Safety

I will not engage in online behavior that puts myself or others at risk. I will represent myself and the school honestly. This includes accessing the network using an account other than my own. I will seek help if I feel unsafe, bullied or witness unkind behavior. I will only communicate online with people I know. I will follow safety guidelines posted by sites to which I subscribe.

4. Learning

I will have a positive attitude and be willing to explore different technologies. I will evaluate the accuracy of information presented online and understand that not everything online is true. I will not plagiarize; I agree to document and properly cite all information acquired through online sources including but not limited to images, videos and music.

5. Respect for self and others

I will not upload or publish personal information, private communications or photos of other people without permission. I will respond thoughtfully to the opinions, ideas and values of others. I will not send or share mean or inappropriate emails or texts.

6. Respect for school and personal property

I will take care of all equipment on campus. I will report misuse and/or inappropriate content to my teachers and adults. I will use the technology on campus for school related purposes only.

I understand that it is my responsibility to honor the Acceptable Use Policy and uphold the CCCS Technology Values both online, offline, at school and at home. I understand that my actions can affect others and that I will be accountable for my behavior. I will not engage in activities that are in violation of the Technology Acceptable Use Policy.

I have read the Acceptable Use Policy and agree to follow these rules and guidelines when using technology. This applies while I am at CCCS as well as when I am off campus.

Student Name (print):

Date:

Chester Community Charter School

Acceptable Use Policy (cont'd.)

Student Name (print):	Date:
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Parent Section:

I hereby release Chester Community Charter School, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the CCCS network. I will instruct my child regarding the rules of use contained in this document and understand and agree that the agreements contained herein are incorporated into the contract under which my child is enrolled at CCCS. I understand that it is impossible for CCCS to restrict access to all controversial materials and I will not hold the school responsible for materials accessed on the network. I accept full responsibility if and when my child's use of technology is not in a school setting and understand that my child is subject to the same rules and agreements while not at school when accessing online programs that are related to class work. I understand that CCCS encourages parents and guardians to supervise and monitor any online activity. I am aware of my child's account information and password for their Google school account. **Please be advised, it is not necessary to sign this contract annually so it will be binding for the entire duration of your child's enrollment with CCCS.**

Parent/Guardian (Print):	Date:
Parent/Guardian Signature:	

For students in K-3

These students use a classroom username/password to access the Internet on their Chromebooks. They do not have individual accounts.

For students in 4-8

Each students email address uses the following formula:

firstname.lastname@chestercommunitycharter.org

Passwords are the student's first and last name initial plus their six-digit student code.

Example: nq160284.

(Please be aware that students have the ability to change their password at any time.)

The Google email and password provided by CCCS does not allow students to receive or send messages from this account. The email has been provided to only access Google Classroom, a teacher-directed program.

Chester Community Charter School

Chromebook Use Agreement

<i>THIS SECTION FOR INTERNAL OFFICE USE ONLY :</i>	
Student Name (print):	Asset ID of Original Chromebook:
Chromebook Replacement Date:	Money Order/Cashier Check #:
Comments: <hr/> <hr/> <hr/>	

"STUDENT" and "PARENT/GUARDIAN", in exchange for CCCS allowing STUDENT to use and possess their assigned Chromebook or any loaner or replacement Chromebook provided at the discretion of CCCS, as identified by its serial number, ("Chromebook"), hereby agree as follows:

1. The CCCS Family Handbook ("Handbook") and Code of Conduct ("COC"), as amended or updated from time to time, are available on the CCCS website and govern the use of the Chromebook.
2. Only STUDENT and CCCS personnel are allowed to use the Chromebook: the Chromebook is at all times the property of CCCS;
 - the Chromebook may not be modified or changed, and no new software may be installed;
 - if the Chromebook is lost, damaged or stolen, CCCS MUST BE NOTIFIED WITHIN 48 HOURS OF THE INCIDENT. ADDITIONALLY, IN INCIDENTS OF THEFT OR 3RD PARTY DAMAGE, A POLICE REPORT MUST BE FILED AND A COPY OF THE REPORT MUST BE PROVIDED TO CCCS;
 - DO NOT TRY TO FIX THE CHROMEBOOK.
3. CCCS may do a limited search of the Chromebook, for example, review web history and files on the Chromebook, in the STUDENT'S CCCS-provided email account, or in the CCCS cloud-based storage, when the Chromebook is returned to CCCS and/or if CCCS has reasonable suspicion that CCCS rules or policies are being violated.
4. STUDENT has no reasonable expectation of privacy when using the CCCS Chromebook.
5. If CCCS determines that STUDENT failed to adequately care for the CCCS Chromebook or if Student violates CCCS rules or policies, then CCCS may terminate STUDENT'S ability to use the Chromebook. If CCCS determines that STUDENT acted with intent to damage the CCCS property, CCCS will revoke the privilege for the STUDENT to participate in any school event until the PARENT/GUARDIAN pays \$175 to cover the cost to replace the device or \$30 to replace the power adapter. Official records (report cards, transcripts, etc.) will not be released until the replacement fee is paid in full. The replacement fee must be in the form of money order or cashier's check made payable to Chester Community Charter School.
6. The STUDENT's privilege to use the Chromebook can be revoked by CCCS if CCCS rules or policies are violated.
7. At the end of the year or upon request from any school official, the Chromebook must be returned to CCCS in the same condition the Chromebook was originally provided, except for normal wear and tear as determined by CCCS. Quarterly checks will be made to ensure all Chromebooks are operational and in good condition.

Please sign below acknowledging you read the CCCS Chromebook Use Agreement above and return the entire document to CCCS. IN WITNESS WHEREOF, I sign this agreement intending to be legally bound.		
Parent/Guardian Signature:	Date:	
Parent/Guardian Name (Print)	Email:	
Address:	Phone Number:	
Student Name:	Building	Grade:

Chester Community Charter School
Student Services Form

These questions are being asked in order for us to prepare for delivering any services your child may need. It is NOT REQUIRED of you to answer, nor is it a condition of your child's enrollment.

Has the student been identified as a special education student or a student with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has an Individualized Education Plan (IEP) ever been developed for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has the student ever received a 504 service agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has the student ever received mental health treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

Is the student currently receiving counseling or mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

I HAVE COMPLETED THIS INFORMATION TO THE BEST OF MY KNOWLEDGE AND MY RESPONSES ARE TRUTHFUL.

Parent/Guardian Signature:	Date:
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Chester Community Charter School

Home Language Survey

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District:	Date:
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School:

Student's Name:	Grade:
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What is/was the student's first language? _____

Does the student speak a language(s) other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify the language(s): _____

What language(s) is/are spoken in your home? _____
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Has the student attended any United States school in any 3 years during his/her lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete the following:
Name of School State Dates Attended
_____ _____ _____
_____ _____ _____

Person completing this form (if other than parent/guardian):
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Parent/Guardian signature:	Date:
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***The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.**

Chester Community Charter School Emergency Medical Form - Return to Nurse

Student's Last Name:	Student's First Name:	Child's Date of Birth:
Grade:	Teacher / Rm. #:	Gender:

Primary Language:

Parent/Guardian #1:	Primary #:	Secondary #:
Address:	City, State, Zip	Apt. # (if applicable):
Email address:		

Parent/Guardian #2:	Primary #:	Secondary #:
Address:	City, State, Zip	Apt. # (if applicable):
Email address:		

Name of TWO or more people to call if Parent/Guardian(s) cannot be reached:

Name:	Relationship:	Primary #:	Secondary #:
Name:	Relationship:	Primary #:	Secondary #:
Name:	Relationship:	Primary #:	Secondary #:

Please list Other Siblings Who Attend Chester Community Charter School:

Name / Grade:	Name / Grade:
Name / Grade:	Name / Grade:

Family Physician:	Phone Number:
Family Dentist:	Phone Number:

Chester Community Charter School Emergency Medical Form Pg. 2 - Return to Nurse

Student's Last Name:	Student's First Name:	Child's Date of Birth:
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Does your child have a history of:

Asthma ___ Y ___ N	Diabetes ___ Y ___ N	Seizures ___ Y ___ N	Heart Condition ___ Y ___ N
Sickle Cell Diagnosed by Doctor ___ Y ___ N	ADHD ___ Y ___ N	Seasonal Allergies ___ Y ___ N	

Any known life threatening Allergy documented by Doctor, and if yes please explain:

List your child's current medication:	Is the medicine needed during school hours?
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NOTE: If your child has asthma, a severe allergy, or any chronic condition that requires emergency medication, a doctor's order form must be completed by the doctor, signed by the parent, and returned along with the medication in the original container to the building nurse to ensure student safety. Failure to do so may result in your child losing his/her privilege to attend the current year's field trip.

****Nurses are not permitted to administer medications received in a prescription bottle labeled with your child's name without the accompanying Doctor's Order form.**

***If deemed necessary by the nurse, do you authorize the school nurse/physician to give the following medications to your child?
Place check in the Yes or No column.***

	YES	NO		YES	NO
Tylenol			Orajel/Anbesol (With current school year physical allergy status only)		
Ibuprofen/Motrin			Vaseline/Aquaphor/Lip Guard/Carmex/Medex		
Tums/Mylanta/Pepto-Bismol Tabs or Liquid			First Aid Cream or Antibiotic Cream: Bacitracin/Polysporin		
Benadryl or other Anti-histamines (Severe Allergies Only)			Eye Wash: Sterile Saline/Purified Water/or Other		
Epi-Pen (For Life-threatening sudden onset symptoms)			Hydrogen peroxide, antibacterial/antimicrobial soap		
Rescue Inhaler (For current year's diagnosis & Asthma Action Plan on File)			Anti-itch creams for rashes: Caladryl, Benadryl or Calamine Lotion		
Sting Relief antiseptic & Lidocaine LCL 2.0% (with current school year allergy status ONLY)			Lotrimin or other Antifungal (With confirmed Diagnosis of Ringworm on File)		

Permission for School Doctor to Perform:

The State Mandated Physical ___ Y ___ N

The State Mandated Dental ___ Y ___ N

These are very basic brief exams. Students are NOT required to take off their clothes for the physical and NO dental work is done during the dental exam. The dentist looks into the mouth and refers to the family dentist if needed. The exams are only performed if there is no documented physical and/or dental exam on file and your child is in the state mandated grade to receive the exams. These exams are not a substitute for a thorough exam done by your child's health care provider.

I understand that if neither the parent/guardian, nor the emergency contact(s) listed are reachable, I hereby give my permission for Chester Community Charter School to take whatever action necessary to treat my child in case of an emergency which may include transporting by ambulance to a hospital. I also understand that this transportation cost is the responsibility of the parent/guardian. In addition, I hereby give my authorization for school personnel to obtain any/all medical records as allowed by HIPPA regarding my child so that proper prompt treatment may be obtained.

Parent/Guardian Signature:	Date:
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Chester Community Charter School

Child's Health History - Return to Nurse

Child's Last Name:	Child's First Name:	
Child's Date of Birth:	Grade:	Teacher:

DOES YOUR CHILD HAVE A HISTORY OF ANY OF THE FOLLOWING (PLEASE CHECK "YES" OR "NO"):

	YES	NO		YES	NO		YES	NO
Diabetes			Asthma			Frequent Skin Rash		
Measles			Bronchitis			Eczema		
Chicken Pox			Seasonal Allergies			Urinary Diagnosis		
Rubella			Pneumonia			Gastrointestinal Diagnosis		
Mumps			Heart Condition			Hearing Difficulty		
Seizures			Blood/Clotting Disorder			Speech Difficulty		
Sickle Cell Disease (not the trait)			Frequent Nose Bleeds			Food Allergy (documented by Doctor)		
ADHD			Frequent Ear Infections			Allergic to Penicillin		
Wears Glasses			Frequent Sore Throat			Allergic to Sulfa		
Any Operations			Juvenile Arthritis			Allergic to Aspirin		
Any Severe Injuries			Bee Sting Allergy			Any Other Medical Conditions		

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE OR YOUR CHILD HAS ANY OTHER HEALTH CONCERNS PLEASE EXPLAIN:

Physician's Name to be notified in the event of an emergency:	Physician's Number:
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IF AN EMERGENCY IS PRESENT AND MY CHILD'S AUTHORIZED PHYSICIAN CANNOT BE REACHED AT THE TIME OF THE EMERGENCY, AND IMMEDIATE TREATMENT IS NEEDED IN ORDER TO PROTECT THE LIFE, SAFETY, OR HEALTH OF MY CHILD, I HEREBY AUTHORIZE THE SCHOOL TO TRANSPORT MY CHILD TO CROZER MEDICAL CENTER IN CHESTER, PENNSYLVANIA. I GRANT PERMISSION TO THE HOSPITAL TO INITIATE EMERGENCY MEDICAL TREATMENT.

Parent/Guardian signature:	Date:
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