



heart murmur/palpitations, rheumatic fever, high blood pressure, diabetes, fainting, anemia, bruising easily, hepatitis, sickle cell, scoliosis, kidney disease, loss of eyesight, color blindness, wears glasses or contacts, loss of hearing, sprains, fractures, other orthopedic problems, arthritis, seizures, concussions, neurological disorder, emotional problems, attention deficit disorder, or recent hospitalizations.

Please explain any circled conditions: \_\_\_\_\_  
\_\_\_\_\_

May we share pertinent medical information with your child's teacher/student big helper? \_\_\_Yes \_\_\_No

In case of emergency, should student's physician be contacted if parent is unavailable? \_\_\_Yes \_\_\_No

Insurance Carrier Name \_\_\_\_\_

Group Policy Number \_\_\_\_\_

Individual Number \_\_\_\_\_

In an emergency, the E.M.S. will take the student to the nearest hospital. Every effort will be made to contact the parent/guardian prior to transport. If you prefer other arrangements, please state: \_\_\_\_\_  
\_\_\_\_\_. No treatment except life saving procedures will be given at the hospital without consent of parent, authorized relative or guardian.

The school nurse must be made aware of any medication the student takes or changes in medication, including inhalers. The nurse must also be made aware of any changes in health conditions, or newly diagnosed conditions, as well as any changes in addresses, phone numbers or emergency contacts.

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

### **IMMUNIZATION**

**Immunizations that are required for admission to preschool include three doses of DT, three doses of polio, one dose of MMR, varicella (either date of vaccine or date of chickenpox disease), and three doses of hepatitis B. Please attach an official form of verification – such as a copy of your child's immunization booklet or printout from your private physician.**

Statements of religious or strong moral or ethical conviction opposing immunization must be submitted to the school in writing and signed by the parent or guardian. Please obtain the Pennsylvania Department of Health "Statement of Exemption to Immunization Law" form from the school nurse for this purpose. School officials will use their discretion in accepting reasonable statements of exemption, conferring with the State Department of Health when necessary.

Medical exemptions must be submitted to the school signed by a licensed medical doctor, doctor of osteopathy or designated Health Department personnel. The form for this exemption, the Pennsylvania Department of Health "Statement of Exemption to Immunization Law," can be obtained from the school nurse for your physician's completion.

For admission to kindergarten in the Commonwealth of Pennsylvania, your child will also require additional immunizations.

If your child should require any medication be kept at the school for emergency purposes, please contact the nurse for a "Request for Administration of Medication During School Hours" form. Please contact the school nurse at 412-221-4542 ext. 223 if you have any questions regarding your child's immunization history or medications. Physicians may also fax immunization records to the school nurse at 724-693-9843.

PLEASE INDICATE ON THE BACK OF THIS PAPER ANY ADDITIONAL INFORMATION THAT YOU FEEL IS NECESSARY FOR YOUR CHILD'S HAPPINESS