

Student Emergency Card

Principal/CEO: Mr. Jon McCann • **address:** 829 Milton Street, Pittsburgh, PA 15218 • **phone:** 412.247.7970 • **fax:** 412.247.7971
web: www.environmentalcharterschool.org

Date: _____ Student's Birthdate: _____
Student's Name: _____ Grade: *(2010/2011 school year)* _____
Address: _____
City: _____ State: _____ Zip: _____

PARENTS/GUARDIANS

Student Resides with (Check One): Father Step-Father Guardian

Name: _____

Employed By: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Student Resides with (Check One): Mother Step-Mother Guardian

Name: _____

Employed By: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

If neither parent/guardian can be reached what local person will we contact? Must complete a minimum of 2 contacts.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Address: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Address: _____

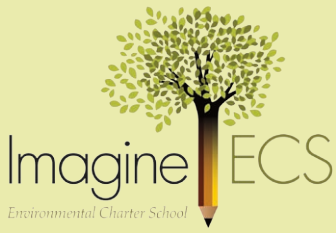
Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Address: _____

Signature of Parent/Guardian: _____ Date: _____

(continued on back)



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Which of the following over-the-counter medications do you give permission for The Environmental Charter School at Frick Park or Administrator to administer to your child (please check)?

Sudafed
(nasal decongestant – over age 6) Yes No

Ibuprofen (Advil/Motrin) Yes No

Guaifenesin
(cough suppressant) Yes No

Acetaminophen (Tylenol) Yes No

Maalox Yes No

Tums Yes No

Oragel Yes No

Parent/Guardian Signature: _____

Date _____

HEALTH INFORMATION

Does this student have a health problem that the school nurse should note? (Example: allergies, seizures, asthma, use inhaler, daily medications, corrective lenses)?

Is student taking any medications prescribed by a doctor? Yes No

If Yes please list.

Diagnosis:

Medicine:

Dose/Frequency:

Is Medicine administered daily? Yes No

Time:

Is Medicine administered when needed? Yes No

How long is the treatment?

Are there any side effects?

Are there any special instructions?

Physician's Name:

Address:

City:

State:

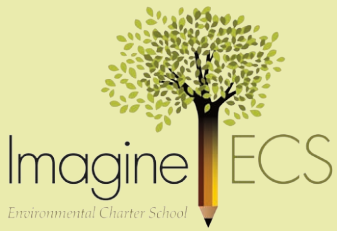
Zip:

Cell Phone:

Work Phone:

Emergency Phone:

Pager:



Release of Records

Principal/CEO: Mr. Jon McCann • **address:** 829 Milton Street, Pittsburgh, PA 15218 • **phone:** 412.247.7970 • **fax:** 412.247.7971
web: www.environmentalcharterschool.org

I, the parent/guardian of _____ authorize _____ (current school)
to release my child's records to The Environmental Charter School at Frick Park.

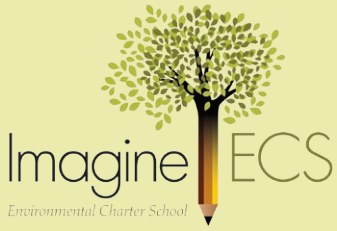
Child's Last Name: _____ Child's First Name: _____

- | | |
|---|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> IEP/GIEP |
| <input type="checkbox"/> Most Recent Report Card <i>(Not applicable to Kindergarten students)</i> | <input type="checkbox"/> CER |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Any other pertinent information |

From
Name of School: _____
Address: _____
City: _____ State: _____ Zip: _____
Fax Number: _____ Phone Number: _____
Parent/Guardian Signature: _____ Date: _____

Remit records to: The Environmental Charter School at Frick Park
829 Milton Street
Pittsburgh, PA 15218
ATTN: Office/Records

PLEASE BE ADVISED THAT PARENTAL PERMISSION IS NO LONGER REQUIRED WHEN AUTHORIZED PERSONNEL REQUEST RECORDS.
(Family Rights and Privacy Act, June 17, 1976, Vo1.41, No. 118, Page 24)



Legal Guardianship Form

Principal/CEO: Mr. Jon McCann • **address:** 829 Milton Street, Pittsburgh, PA 15218 • **phone:** 412.247.7970 • **fax:** 412.247.7971
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(Please provide copies of all court documentation if you are a custodial parent, foster parent or designated parent by the court)

Student Name: _____

Legal Guardian: _____

Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____