



SUSQUEHANNA COMMUNITY SCHOOL DISTRICT
 3192 TURNPIKE STREET
 SUSQUEHANNA, PA 18847

JOHN RUSHEFSKI
 Superintendent of Schools

RICHARD EMMONS
 Junior/Senior High School
 Principal

BRENT SODEN
 Elementary School Principal

GARY KIERNAN
 Business Manager

AUTHORIZATION TO RELEASE STUDENT RECORDS

Student Name _____ Birth date _____

To authorize the provision of information to the SUSQUEHANNA COMMUNITY SCHOOL DISTRICT.

A. From records of: _____
 (Prior School)

B. Address _____ Phone No. _____

Fax No. _____

C. Date of Service _____ Grade _____
 (Years of attendance)

INFORMATION TO BE RELEASED:

- Academic
- Attendance
- Discipline Summary
- PA Secure ID # _____
- Health Records
- Birth Certificate
- Transcript & Standardized Testing
- Psychological Testing/I.E.P.
- Career Standards Evidence
- Grades at time of Withdrawal/Report Card
- Any other pertinent/confidential Records

RETURN INFORMATION TO: Nicole Sellitto
 HS Guidance Office
 3192 Turnpike St.
 Susquehanna, PA 18847
 Phone: 570-853-4921 x2398
 HS Fax: 570-853-3918
 Email: nsellitto@scschools.org

Tiffanie Wolf
 Elementary Office
 3192 Turnpike St.
 Susquehanna, PA 18847
 Phone: 570-853-4921 x1340
 Elementary Fax: 570-853-3092
 Email: twolf@scschools.org

Signature of Person Giving Consent _____

Date _____

Address _____

City _____

Zip Code _____

Phone _____

- As per Family Educational Rights and Privacy Act (FERPA) parents (or students over the age of 18) have the right to inspect and review any and all official school records relating to their child
- The Agency or individual agrees not to permit any other party access to such information without parent/guardian or eligible student consent
- As per (FERPA) parents may have a copy of the information to be released if desired.



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WELCOME TO THE SUSQUEHANNA COMMUNITY SCHOOL DISTRICT!

HOME OF THE SABERS

To get your student(s) started here in school we need the following items:

- Enrollment packet completely filled out
- Proof of Residency
- Birth Certificate
- Immunization record
- Custody paperwork (if applicable)

These items can be emailed/faxed to:

Tiffanie Wolf, Administrative Assistant
email: twolf@scschools.org
phone: 570-853-4921 x 1340
fax: 570-853-3092



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PROOF OF RESIDENCY

Dear Parents / Guardian:

Please provide proof of residency upon registration of your son/daughter. **One of the following documents will satisfy this requirement:**

1. Copy of (cell) phone bill (once obtained)
2. Copy of cable bill (once obtained)
3. Copy of satellite bill (once obtained)
4. Copy of rental agreement
5. An affidavit from the property owner that you live at this address
6. Copy of drivers' license or vehicle registration with the new address
7. Copy of pay stub with the new address

Please note that your new address should appear on the proof of residency document you show our office.

Thank- you,

Gary Kiernan,
Business Manager

SUSQUEHANNA COMMUNITY SCHOOL DISTRICT ENROLLMENT INFORMATION

Office Use Only		
PA Secure ID _____	Entry Date _____	Today's Date _____
Grade Level _____		
Out of District _____	(2) Current School _____	Proof of Residency _____

Basic Information			
Student's Last Name _____	First Name _____	Middle Name _____	SEX ___ M ___ F
Date of Birth _____	City/State of Birth _____	Current Grade Level _____	
Mailing Address _____		Apt. No. _____	Home Phone _____ Cell Phone _____
Street Address (if different from above) _____		City _____	Zip Code _____
Student's Primary Language _____		Date Entered U.S. _____	
Ethnic Origin (Circle one)	White, Not Hispanic Hispanic	Black, not of Hispanic Indian, Native American	Asian or Pacific Islander Multi-Racial

Family Information			
Student Lives With (please circle)	Both Parent	Mother Only	Father only
Other Name _____			
Parent/Guardian (Mr.) (Mrs.) Mr. & Mrs.) (Ms.) _____	Relationship _____	Home Phone _____ Cell Phone _____ Work Phone _____	
Parent/Guardian (Mr.) (Mrs.) Mr. & Mrs.) (Ms.) _____	Relationship _____	Home Phone _____ Cell Phone _____ Work Phone _____	
E-Mail _____			

Location Directions for busing purposes:

School History		
Last School Attended _____	Grade Level _____	
Address of Last School _____	City/State _____	Zip Code _____
Did the student ever attend Susquehanna School District before?	Did student ever attend another PA school? If yes, where?	



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PUPIL TRANSPORTATION INFORMATION SHEET

Student Name: _____ Telephone: _____

Student Address: _____

Emergency Phone Number: _____

Parents' Names: _____

If your address is a box number, please be specific as to your location, nearest neighbor, road, etc.

Projected Babysitter (if any): _____

Address: _____ Phone: _____

If the sitter's address is a box number, please be specific as to their location, nearest neighbor, road, etc.

Does the student have any brothers or sisters presently attending school? If yes, please list names and the number of the bus they are currently riding below:

Name: _____ Bus # _____

Name: _____ Bus # _____

Name: _____ Bus # _____

PARENT PICK UP REGISTRATION FORM:

If you plan to pick your child/children up **EVERY DAY** rather than use our bus transportation, please complete this form and return to the Elementary Office as soon as possible.

Daily pickup is behind the Elementary building from 3:15-3:25. If your child is not picked up by 3:25, he/she will be sent to the main office and you will be contacted for pick up.

Please bring photo identification with you.

If sending someone NOT on your approved list to pick up your child/children, please send in a written note or call prior to 2 PM that day to ensure your child gets home safely.

**If anything needs to be changed throughout the school year, please call or email Tiffanie Wolf at 570-853-4921 x 1340 or twolf@scschools.org and a new form will be sent home for completion.

Student's full name:

Homeroom Teacher:

Child #1 _____

Child #2 _____

Child #3 _____

Child #4 _____

I, _____, hereby give permission for the following listed below to pick up my child/children on a day to day basis at the designated Parent Pick Up area for the 2023-24 school year.

Name: _____

phone: _____

Name: _____

phone: _____

Name: _____

phone: _____

Name: _____

phone: _____

Parent signature: _____

Date: _____



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/Day/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

Susquehanna Community School District

3192 Turnpike Street
Susquehanna, PA 18847

Special Services

To assist us in serving the needs of your student, please read over all the services listed below. Place a check next to any and all that apply or have applied to your student at any point in his/her academic career. If your student does not need any special services, check the appropriate item. Thank you for providing this information.

Student's Name _____

- | | |
|---|--|
| <input type="checkbox"/> Child Study (IST) | <input type="checkbox"/> Counseling Services |
| <input type="checkbox"/> Title 1 Math | <input type="checkbox"/> Wrap Around Services |
| <input type="checkbox"/> Title 1 Reading | <input type="checkbox"/> Gifted Class |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Help in Regular Class |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Help in a Special Class |
| <input type="checkbox"/> Speech | <input type="checkbox"/> 504 |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Other (specify) _____ |

My student does not need any special services.

Parent/Guardian Signature _____ Date: ___ / ___ / ___



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Parental Registration Statement

Student Name _____

Date of Birth _____ Grade _____ Phone Number: _____

Parent or Guardian Name _____

Address _____

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.

SCSD PHOTOGRAPHIC RELEASE FORM

I hereby grant the Susquehanna Community School District permission to photograph/
videotape my child/ward (print child's name) _____
and to publish his/her photograph/videotape on the school district webpage and to
identify him/her while he/she is participating in school activities or classes.

**This release shall be in effect as long as my child/ward is enrolled in the
Susquehanna Community School District. At any time while my child/ward is
enrolled in the school district, I may contact the school district in writing to rescind
this release.**

Please check all that apply:

_____ I grant permission to photograph/videotape my child and to identify him/her by
name and educational program or activity.

_____ I grant permission to have photographs/videotapes containing my child's image
and posted on the School District's website and/or social media links.

_____ I grant permission to have my child's project posted and linked to the
Susquehanna Community School District's webpage.

By not returning this form, I realize that my child's picture may be posted in a group
photo or a project may be posted to the webpage with a first name identifier.

Parent/Guardian's Name (please print)

Date

Parent/Guardian's Signature

Date

***Please return to the Elementary or High School Office

SCSD Parent/Child Reunification (PCR) Authorization for Release of Student

Student Name(s): _____ Date of Birth: _____ Grade: _____
(Please Print)

_____ Date of Birth: _____ Grade: _____
(Please Print)

_____ Date of Birth: _____ Grade: _____
(Please Print)

I certify that I am the custodial parent/legal guardian of the above-named student, and I grant permission for my child to be released to any of the following individuals in the event of an emergency/crisis that requires the school to release the students using parent/child reunification protocols at my child's school.

(Each section must be completed.)

My child may be released to the following individuals: (additional names may be included on a separate piece of paper. If additional names are attached, parent/guardian must initial here _____.)

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Parent/Guardian Information:

Name: _____ Work phone: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Work phone: _____

Home Phone: _____ Cell Phone: _____

I understand that my child will be released only to those listed on this form. This form is for PCR use only; no other use is intended or authorized. If this form is not completed and returned to my child's assigned school, SCSD staff may refer to the Emergency Information Card. I will contact the school if this information changes during the school year.

Parent Signature

Date

This release shall be in effect as long as my child/ward is enrolled in the Susquehanna Community School District. At any time while my child/ward is enrolled in the school district, I may contact the school district in writing to rescind this release.

SCSD STUDENT INTERNET POLICY

TERMS AND CONDITIONS FOR USE OF INTERNET ACCESS

Please read the following carefully before signing the attached contract.

Internet access is now available to students in the Susquehanna Community School District.

The internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Internet access is coordinated through a complex association of government agencies, regional networks, and private corporations. With access to computers and people all over the world also comes the availability of material that may not be considered to be the educational value in the context of the school setting. However, on a global network, it is impossible to control all materials and an industrious user may discover controversial information. We firmly believe that the educational value of information and the interactions available on this worldwide network outweigh the risks that users may procure material that is not consistent with the educational goals of the school district. One of our goals is to support students in the responsible use of this vast reservoir of information.

Internet - Terms and Conditions

1. **Acceptable Use** - The purpose of access, to the internet, is to support education in and among the schools in Susquehanna Community School District by providing access to unique resources and the opportunity for collaborative work. The use of your account must be in support of education and academic research and consistent with the educational objectives of the Susquehanna Community School District. Use of other organization's networks or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to copyrighted material, threatening or obscene material, or material protected by trade secret. Use for product advertisement or political lobbying is generally not consistent with the purposes of the internet. Illegal activities are strictly prohibited. Using your internet account to play games (including MUDS) is not acceptable use.
2. **Privileges** - The use of the internet is a privilege, not a right, and inappropriate use can result in a cancellation of those privileges and other disciplinary consequences.
3. **Reliability** - Susquehanna Community School District make no warranties of any kind, whether expressed or implied, for the service, it is providing. Susquehanna Community School District will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or your errors or omissions. The use of any information obtained via Susquehanna Community School District is at your own risk. Susquehanna Community School District specifically denies any responsibility for the accuracy or quality of information obtained through the internet.

4. Security - Security on any computer system is a high priority, especially when the system involves many users. Do not give your password to any individual. Attempts to log in to the system as any other user may result in cancellation of user privileges.
5. Vandalism - Vandalism may result in cancellation of privileges. Vandalism is defined as any attempt to harm or destroy data of another user. This includes, but is not limited to, the uploading or creation of computer viruses.

RESPONSIBILITIES OF STUDENTS IN THEIR USE OF THE INTERNET IN THE SUSQUEHANNA COMMUNITY SCHOOL DISTRICT

Certain uses of the technology resources, including the internet, of the Susquehanna Community School District, are contrary to the educational mission of the district. Some uses may also constitute a safety hazard to the well being of our students. Therefore, the following activities are strictly prohibited by the Susquehanna Community School District.

- Sharing and/or using other students' ID numbers and passwords
- Breaking into or attempting to break into other computer systems
- Destroying another person's data
- Creating and/or sending computer viruses
- Communicating through e-mail, Instant messenger, chat rooms, or other web-based communication services
- Checking home-based e-mail accounts
- "Hacking" websites
- Downloading, viewing, and printing material that is obscene, pornographic, racist, or restricted
- Bypassing or attempting to bypass the district filtering software
- Downloading and installing copyrighted material or software
- Purchasing material through online shopping vendors
- Utilizing (FTP) File Transport protocol
- Committing acts of academic dishonesty (cheating on tests or projects)
- Threatening, harassing, or abusing others through computer technology
- Other activities that constitute a safety hazard or are contrary to the educational mission of the Susquehanna Community School District

Undertaking any of these activities is strictly prohibited by the Susquehanna Community School District. Disciplinary consequences for such activities may include, but not solely limited to, the following:

- Detention
- In-School Suspension
- Out of School Suspension
- Loss of computer/technology privileges
- Police notification
- Academic grade reduction (for acts of academic dishonesty)
- Financial restitution (for acts that damage district technology resources)

INTERNET ACCESS - CONTRACT PORTION OF DOCUMENT

I have read the SUSQUEHANNA COMMUNITY SCHOOL DISTRICT terms and conditions. I understand and will abide by the stated terms and conditions for internet use. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action.

Students Name (please print): _____

Students Signature: _____

Date: ____/____/____

PARENT OR GUARDIAN (if the applicant is under the age of 18, a parent or guardian must also read and sign this agreement.) As the parent or guardian of this student, I have read the terms and conditions for use of Susquehanna Community Internet Access. I understand that this access is designed for educational purposes and Susquehanna Community School District has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for Susquehanna Community School District to restrict access to all controversial materials and I will not hold them responsible for materials this student may acquire on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to have internet access for the student named above and certify that the information contained on this form is correct. **This permission shall be in effect as long as my child/ward is enrolled in the Susquehanna Community School District. At any time during my child's/ward's enrollment, I may, in writing, rescind this permission.**

Parent or Guardian Name (please print): _____

Parent or Guardian Signature: _____

Date: ____/____/____

Daytime phone number: _____

Evening phone number: _____

EMAIL DATABASE FORM

As part of our continuing effort to keep parents/guardians informed of the latest developments here at school, we are updating our email database. This database will be used to notify parents/guardians of school events and to facilitate communication efforts between district faculty and parents/guardians. If you wish to be entered in this database for the 2009-10 school year, please fill out the form below and return it to the school at your earliest convenience.

Parent/Guardian Name: _____

Address: _____

Student(s) Name(s): _____

Primary Email Address: _____

Secondary Email Address: _____

Signature: _____

Date: _____

Book	Policy Manual
Section	800 Operations
Title	Privacy of Health Information (HIPAA)
Code	826
Status	Active
Adopted	May 16, 2007

Purpose

It shall be the policy of the Board to protect and safeguard the protected health information (PHI) created, acquired and maintained by the district, consistent with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule), pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), any case law arising from the interpretation thereof, and applicable state laws.

For the purposes of this policy, all health information created and maintained by the district and its agents that is considered part of a student's education record under the Family Educational Rights and Privacy Act (FERPA) is not subject to this policy.[\[1\]](#)[\[2\]](#)

The Board and administration recognize that, as an employer and health plan sponsor, and a provider of health care services, certain components within its organization engage in HIPAA-covered functions and must comply with the HIPAA Privacy Rule; however, there are other components of the district that engage in noncovered functions and are not required to comply with the HIPAA Privacy Rule. Therefore, the district hereby designates itself as a Hybrid Covered Entity under HIPAA and its rules and regulations.[\[3\]](#)

Delegation of Responsibility

The Board shall designate an administrator as the district's Privacy Officer who will, with individuals appointed by the Superintendent as members of a Privacy Team, undertake the following tasks to ensure compliance with the HIPAA Privacy Rule:

1. Conduct a thorough initial assessment of all existing policies, procedures, and practices for creating, maintaining, using, disclosing, and destroying health information to determine where the gaps may be with respect to meeting HIPAA and/or FERPA standards, and as to whether there are reasonable administrative, technical, and physical safeguards to protect the privacy of health information.
2. Draft, adopt, and maintain administrative policies and procedures to allow the district to meet the requirements of the HIPAA Privacy Rule as they may apply to the employee health plan and/or its other covered component(s).
3. Draft and adopt a Notice of Privacy Practices (NPP) that describes, among other things, the uses and disclosures that the district is permitted or required to make under the HIPAA Privacy Rule; its obligations under HIPAA; and the rights related thereto for employees, students, and/or other individuals who may receive services from the district's covered component(s).
4. Draft and adopt HIPAA-compliant written authorizations to use or disclose PHI for purposes unrelated to treatment, payment, health care operations, and other designated purposes under the HIPAA Privacy Rule.

5. Identify business associates and enter into business associate agreements with all third parties and access PHI when providing services on behalf of the district in relation to its employee health plan and/or health care provider components.
6. Establish a training program for all members of the district workforce on HIPAA and the Board's policies and procedures, as necessary and appropriate for said employees to carry out their functions. Such training program shall include periodic refresher courses.

The Business Manager shall serve as the district's Contact Person/Compliant Officer. This individual will be responsible for handling complaints, which will include documenting, investigating, and the disposition thereof.

The Privacy Officer, in conjunction with the Superintendent, shall ensure the appropriate development and implementation of sanctions against those members of the workforce who fail to comply with this policy.

Guidelines

In addition to ensuring that Board policies and procedures are adopted and implemented to ensure compliance with the HIPAA Privacy Rule, the Board and administration will mitigate, to the extent possible, any harmful effects of improper disclosures of PHI and will refrain from any activity that may intimidate, threaten, coerce, discriminate against, or retaliate against an individual for exercising his/her rights under HIPAA.

This policy and any administrative procedures developed and implemented under the authority of the Privacy Officer shall replace any existing policies and procedures relating to the use and disclosure of PHI. Any separate policies and procedures relating to the use and disclosure of health information may only be maintained to the extent that they do not conflict with this policy.

- Legal
1. 20 U.S.C. 1232g
 2. 34 CFR Part 99
 3. 45 CFR Part 160



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PARENT/GUARDIAN'S RECEIPT OF:
THE SUSQUEHANNA COMMUNITY SCHOOL DISTRICT'S NOTICE OF PRIVACY PRACTICES

I, _____ have received and reviewed a copy of the
(Please Print your name or other authorized Representative)

Susquehanna Community School District's Notice of Medical Privacy Practices. I acknowledge that I read and understand the Notice and my rights as outlined therein. I am aware that the Susquehanna Community School District's staff and personnel has implemented and completed an awareness program regarding the Medical/Health Privacy Practices and I answered my questions that I have regarding this Notice.

(Signature of Parent, Guardian or Authorized Representative)

Date

SCSD TRANSFER FORM: STUDENT HEALTH HISTORY

STUDENT FULL NAME: _____ GRADE: _____

BIRTHDATE: _____ BIRTHPLACE: _____

TRANSFERRING FROM: _____ LOCATED IN STATE OF: _____
School name/address

HAS THIS STUDENT EVER ATTENDED SCHOOL IN PENNSYLVANIA BEFORE? Circle: **YES / NO**

IS SO, WHEN AND WHERE? _____

***** STUDENT HEALTH HISTORY *****

Does your child have any medical history, current medical conditions, or ever been hospitalized? Circle: **YES / NO**

If yes, please specify the problem(s) & dates: _____

Does your child take any medications, herbals, or supplements? Circle: **YES / NO**

If yes, please specify **names** and **doses**: _____

Will your child need to take medications or receive medical treatments in school? Circle: **YES / NO**
(If yes, please see the medication administration policy for proper medication procedure)

Does your child have any food or medication allergies? Circle: **YES / NO**

If yes, please specify the product & the problem(s): _____

Does your child have any special dietary needs or issues? Circle: **YES / NO**

Please specify: _____

Does the family have insurance or some way to pay for medical expenses? Circle: **YES / NO**

Any other health concerns the school should be aware of (ex: hearing or vision problems, activity restrictions, speech difficulties, frequent illness, nosebleeds, headaches, broken bones, stomachaches, fainting spells, developmental delays, emotional or behavioral problems, etc)? _____

Please list the name and phone number for your child's health care providers & date of most recent visit (if applicable):

Primary Care Provider: _____ date: _____
 Dentist: _____ date: _____
 Eye Doctor/Specialist: _____ date: _____
 Other Specialist: _____ date: _____

***** FAMILY HISTORY *****

Household unit (please include any special relationships, such as step, adoptive, foster, or grand parents or children)

RELATIONSHIP	BIRTHDATE	FULL NAME (Include maiden name)	LEVEL OF EDUCATION	OCCUPATION
Mother				
Father				
Brother(s)				
Sister (s)				
Other				

Family History: Please provide a brief list of any family medical or other problems (ex: diabetes, seizures, asthma, dependencies, recent death of a family member, mental health issues, unemployment, divorce, custody issues, etc)

Parents:

Siblings:

Grandparents:

Other:

Thank you for all the information for your child's health record, please let us know of any changes to your child's health status throughout the year and contact us with any questions or concerns you may have.

 Parent/Guardian Signature

 Date

**Elementary School
Health Office**
Ext. 1343 & 1345
Fax: (570) 853-3092



**High School
Health Office**
Ext. 2347
Fax: (570) 853-3918

Medication Policy

(updated October 19, 2016)

When medication (prescription or over-the-counter) must be given during school hours, the medication must be accompanied by a parent note and a Pennsylvania Licensed Medical Professionals' order (i.e. doctor, physicians assistant, nurse practitioner), indicating that it is medically necessary that the student receive the medication during school hours. State law requires a PA licensed provider order for all medication that comes to school annually.

Medication must be kept in and administered from the original container, properly labeled by the pharmacist. Medications are stored in a double-locked (refrigerated when necessary) medicine cabinet in the health office. Student photo identification will be added to the medication log for safety in identifying students receiving medication. If a student brings medication to school without providing written parent permission and a PA licensed provider order, the nurse will contact parents to review the policy. If parent contact cannot be made, the nurse will lock up the medication for safekeeping and send it home with the student with a written reminder notice to parents.

- ~ Medication will not be administered at school if all areas of the policy have not been met.
- ~ Unused medication may be obtained by parents at the end of its administration.
- ~ Unclaimed medication will be destroyed (with witness present) at the end of the school year.

A licensed nurse will be the only person to administer medication during the school day. If a medication is not given on time (i.e. within a 30 minute time frame), parents will be notified. In the event of a medication error (wrong student, wrong dose, wrong route, or other error), the Certified School Nurse, school administration, and parents will be notified. Field trips consisting of students who need medication may be accompanied by a nurse, or parents may be asked to accompany their child.