



WEST MIFFLIN AREA SCHOOL DISTRICT

1020 Lebanon Road Suite 250 West Mifflin, PA 15122-1036
(412) 466-9131 Fax: (412) 466-9260

Mr. Jeffrey T. Soles
Superintendent of Schools

EMERGENCY INFORMATION

Authorization to Release Children in an Emergency

The West Mifflin Area School District has developed a safety plan to be used in case of an emergency. This plan was completed in compliance with the District's policy. The safety plan is devoted to the welfare and safety of your child during school hours. The plan is available for inspection in the school office.

The school is in specific need of your assistance at this time:

Should there be an emergency, such as a fire, tornado, explosion, etc., your child may be required to remain in the care of the school until it is deemed safe by the District administration that the students be released. At that point, children may be released **only to properly authorized parents, guardians, and/or designees who are listed on the EMERGENCY CARD!**

In an effort to update our records, we are asking you to complete your child's/children's emergency card contact information. Please provide us the most accurate information available including any new names (with local telephone numbers) and relationship of those persons to whom you would allow your child's release in the event of an emergency or illness. As you will see, we are asking that you identify the primary and secondary parent/guardian who will be contacted first, and in case they cannot be reached, two other emergency contacts. You **must list a minimum of 2** people and contact phone numbers. Be sure to notify those persons listed that you have authorized their assistance in case of emergency/illness. Please review and complete the entire form (**the top and bottom portions**) so that we can update your child's records. Without this information, we will not know the best way to contact you in the event of an emergency, illness and/or if your child needs released and you are unable to come pick them up. Your cooperation is vital in order for us to keep your child as safe as possible.

Please also note, we are asking for you to (✓) check ONE phone number that should be used for attendance reporting and (✓) check ONE phone number to be used to receive automated message calls. Both numbers can be the same. **If an additional attendance reporting number is needed, please contact your child's principal for approval. Also, new this year, if you are the primary and/or secondary parent/guardian and are Active Military, please check (✓) the appropriate box.**

If there is no specific authorization for the child's release on file, the child will only be released to the parent or legal guardian. Therefore, we need you to complete, sign, and return the attached form as soon as possible.

NO CHILD will be released to the care of **unauthorized persons.**

We appreciate your cooperation in this important matter.

Sincerely,

Jeffrey T. Soles, Superintendent

WEST MIFFLIN AREA SCHOOL DISTRICT
Student Emergency Card

2022-2023

FOR NURSE and SCHOOL OFFICE USE ONLY

Name _____ Birth Date _____ Grade _____

Address _____ Homeroom _____

Home Phone _____ E-Mail: _____ Hospital preferred _____
 (for Baldwin Ambulance transport)

In case of emergency, illness, accident or the need for early release for the above named student, the school is authorized to proceed as indicated. Write each emergency contact in the order of desired action.

Check ONLY ONE box per column	
Attendance Reporting	Automated Messages

1. Primary Parent/Guardian for Emergency Contact/Release: Active military? Check if yes
 _____ (cell work home)....Phone _____
(Name and relationship to student) (Circle one)

2. Secondary Parent/Guardian for Emergency Contact/Release: Active military? Check if yes
 _____ (cell work home)....Phone _____
(Name and relationship to student) (Circle one)

Other Emergency Contacts in case Primary/Secondary parent/guardian cannot be reached:
Note: You must have a minimum of 2 emergency contacts listed.

3. _____ (cell work home)....Phone _____
(Name and relationship to student) (Circle one)

4. _____ (cell work home)....Phone _____
(Name and relationship to student) (Circle one)

*Please identify any **school age siblings** in the WMASD: (use back of card if necessary)

Sibling's Name(s) _____ School(s) _____

ANNUAL HEALTH INVENTORY:

A complete health history contributes to keeping your child's school health records up to date and accurate. It also helps us better understand your child's health care needs. **Please indicate any of the following:**

Health Condition	Yes	No	Explanation:
Accidents/Serious Injury: (fractures, injuries)			
Activity Restrictions:			
Allergies: (Hay fever, bee sting, food, peanut, etc.)			
Asthma:			
Convulsions/Seizures:			
Emotional/Behavioral Problems:			
Glasses and/or Hearing Aid:			
Hospitalizations: (within the last year)			
Medical Conditions:(ADHD, Cardiac, Diabetes, High Blood Pressure, etc)			
Medications: (prescription and/or over-the-counter medication taken routinely or frequently)			
Special Examinations, Tests, or Studies within the last year: (vision, hearing, neurological, X-rays, EEG, Blood tests, etc.)			
Surgery:			
Other Concerns: (something you feel the nurse should know)			

Health History Consent: The disclosure of student health information within the school is limited to the information necessary to provide the student with the appropriate services to participate in school. Your signature gives permission for the nurse to inform school staff of precautions and procedures to protect your child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for academic success and emergency plans, as determined by the school and nurse.

Parent/Guardian Signature _____ Date _____

Your signature is an informed consent to share this emergency contact information with school staff on a need-to-know basis for academic success and emergency plans.