



Checklist of Information Requested

** Indicates OPTIONAL forms

Student Name: _____

Grade 2024-2025 _____

_____ CHARTER ENROLLMENT FORM **

_____ ACCEPTED STUDENT INFORMATION FORM **

_____ PROOF OF AGE (Must provide a copy of one [1] of the following):

- Birth certificate
- Notarized copy of birth certificate
- Baptismal certificate
- Copy of the record of baptism (notarized and dually certified and showing date of birth)
- Valid passport
- Notarized statement from the parents or guardian indicating the date of birth
- Prior school record indicating the date of birth

_____ PROOF OF RESIDENCY (Must provide a copy of two [2] documents in the name of the parent or guardian and which indicates the student's current address.)

Acceptable documentation includes:

- Deed of home ownership
- Current lease to rents
- Property tax bill or receipt
- Vehicle Registration
- Driver's License
- Department of Transportation identification card
- Current utility bill
- Current credit card bill
- IRS Statement or other wage and tax statements (e.g. W2, 1040, 1099)
- Employees payment stub
- Banks statement
- Voter Registration card
- Public Assistance Card Card
- Health Insurance card

_____ MILITARY CHILDREN IDENTIFIER**

_____ RESIDENCY QUESTIONNAIRE**

_____ EMERGENCY CONTACT FORM**

_____ HOME LANGUAGE SURVEY

_____ PARENT STATEMENT

_____ RELEASE OF STUDENT RECORDS**

_____ WALKING TRIP / PHOTO PERMISSION FORM**

_____ CUSTODY ORDER (if applicable**)

_____ IEP (if applicable**)

_____ CURRENT REPORT CARD** (if coming in mid school year)

_____ FINAL REPORT CARD**

_____ STUDENT HEALTH REGISTRATION (For the School Nurse's Record**)

_____ IMMUNIZATION RECORD (Form Attached**)

_____ DENTAL RECORD (Form Attached**)

PA SECURE ID: _____

STUDENT ID: _____

Completed by: _____

Charter School Student Enrollment Notification Form

For School Year 2024-2025

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

Name of Charter School: Memphis Street Academy Charter School

Address: 2950 Memphis Street
Philadelphia, PA 19134

Charter School Contact Person: _____

Telephone: 215-291-4709 Email Address: www.ap-schools.org

I. Student Information:

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone: _____

Mailing Address (If Different From Home Address) _____

City: _____ State: _____ Zip Code: _____

Date Of Birth: _____ Age: _____

II. School District of Residence and Former School Information

School District of Residence: _____

Former School Information (Other Than Pre-School):

Public School Charter School Home School Nonpublic School

Student Not Enrolled in School Preceding Enrollment in Charter School Because:

Entering Kindergarten Re-Enrolling Dropout Other _____

Name of Former School: _____

Address of Former School: _____

Previous Grade: (2023-2024) _____ Withdrawal Date From Former School: _____

Was Your Child Receiving Special Education Services Based On An Iep? _____ Yes _____ No

If Yes, Do You Have The Child's Special Education Records (Iep)? _____ Yes _____ No

III. Parent/Guardian Information:

Child Lives With: _____ Both Parents _____ Both Parents Alternately _____ Mother Only _____ Father Only _____
Legal Guardian _____ Foster Parents _____ Other Adult _____
Special Custodial Court Instructions: _____
(If Yes, Please Provide a Copy of Court Order.) _____ Yes _____ No

Complete Parent/Guardian Name and Address Information As Applicable

Father's Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____

Mother's Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____

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

_____ Guardian's Name Or _____ Foster Parent's Name Or _____ Other Adult Name
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

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. My signature also certifies that my child is not, and will not be, enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in this charter school.

Signature of Parent/Guardian: _____ **Date:** _____

IV. To Be Completed By Charter School:

Verification of Date of Birth: _____ Birth Certificate _____ Other _____
Proof of Residency _____ Mortgage Statement _____ Lease _____ Utility Bill _____ Other _____
Official Enrollment Date: _____ Anticipated Date of Attendance: _____
Grade Student Is Entering: _____

Signature of Charter School Representative: _____



Memphis Street Academy Charter School @ JP Jones

2950 Memphis Street

Philadelphia, PA 19134

Phone: (215)291-4709 Fax: (215)291-4754

**Accepted Student Information 2024-2025
Optional Form**

STUDENT INFORMATION: Please Print Clearly

Female: ___ Male: ___ Age: ___ Date of Birth _____ Grade Applying for 2024-2025 _____

Caucasian ___ African American ___ Hispanic ___ Asian ___ Amer. Ind. ___ Multi-Racial ___

Native Hawaiian or other Pacific Islander _____

Last Name First Name M.I. Jr. Sr. etc.

Street Address City State Zip Code

Area Code – Home Telephone

Does your child have an IEP? Yes No If yes, please provide a copy of your child's current IEP records.

Memphis Street Academy Charter School is a tuition-free public school open to all children residing in the City of Philadelphia. The school does not offer testing for admission nor does it deny admission on the basis of disability, race, color or creed. In the event there are more applicants than spaces, a public lottery will be conducted to select students.

SIBLING INFORMATION

Sibling requesting enrollment

Requesting enrollment

Name: _____ Age: _____ Yes ___ No ___ 5th 6th 7th 8th

Name: _____ Age: _____ Yes ___ No ___ 5th 6th 7th 8th

Name: _____ Age: _____ Yes ___ No ___ 5th 6th 7th 8th

PARENT/LEGAL GUARDIAN INFORMATION: Please Print Clearly

Mother: _____

Father: _____

Address _____

Address _____

City: _____ State _____ Zip _____

City: _____ State _____ Zip _____

(Home) _____

(home) _____

(Cell) _____

(cell) _____

(Work) _____

(work) _____

Other: _____

Address _____

Child Lives with:

City: _____ State _____ Zip _____

(Home) _____

(cell) _____

(Work) _____

Are there any custody issues? Yes No If yes, please attach copy of custody order

STUDENT EDUCATION: Please complete the following information on the current school year child attends.

Student is currently enrolled in: _____ Current grade _____
(School Name) (2023-2024)

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____



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 Philadelphia, PA 19134
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PROOF OF CHILD'S AGE AND RESIDENCY (from the [BEC](#))

ACCEPTABLE PROOF OF AGE DOCUMENTS:

Child's original birth certificate	Notarized copy of the child's birth certificate
Child's valid passport	Prior school records indicating the date of birth
Original Baptismal certificate indicating the child's date of birth	Copy of the record of baptism - notarized or duly certified showing the date of birth
A notarized statement from the parents or another relative indicating the child's date of birth	

ACCEPTABLE PROOF OF RESIDENCY DOCUMENTS:

Deed	Valid DOT identification card
Lease	Current credit card bill
Current Utility bill (gas, electric, cable, telephone, etc.)	Vehicle registration
Property tax bill	Valid driver's license or compatible change of address card



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Military Children Identifier Form

(Optional Form – information not required as a condition for enrollment)

In order to comply with the Every Student Succeeds Act (ESSA), we are required to collect data for children of military.

Is the student's parent and/or guardian an active-duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corps, Coast Guard) including full-time Reserve or National Guard duty at any time during the 2023-2024 school year?

YES ___ NO ___

Student's Name

Grade

Parent/Guardian Signature

Date

MEMPHIS STREET ACADEMY CHARTER SCHOOL

AT J.P. JONES

Residency Questionnaire (2024-2025)

Note: This form is for reporting purposes to the state only. This information is confidential and will not be discussed with anyone unless authorized by the person filling this form out.

GENERAL INFORMATION	
Although only the highlighted items are required for reporting purposes, it would be beneficial to gather gender, disabled, migrant, ELL and race/ethnicity data LEA Code	
School Memphis Street Academy Charter School AT J.P. JONES	Mailing Address 2950 Memphis Street Philadelphia, PA 19134

GRADE/ETHNICITY														
	Gender	Check if			Part One		Race/Ethnicity							
		Female	Male	Disabled	Migrant	Engl. Lang Learner	Rec'd Title I Part A Services	Hispanic	Non-Hispanic	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White
Student Name:														

RESIDENCY STATUS	
Residency Status (Check the appropriate status) <input type="checkbox"/> Living with Family <input type="checkbox"/> Separated from Family <input type="checkbox"/> Foster Care Pending <input type="checkbox"/> Runaway <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Other: Please specify: _____	Living Arrangements <input type="checkbox"/> Living in a house or apartment (rented or owned) <input type="checkbox"/> In a shelter <input type="checkbox"/> Doubled up (Living with another family) <input type="checkbox"/> In a hotel/motel <input type="checkbox"/> Unsheltered (street, car, campground, abandoned building) Dislocated Students <input type="checkbox"/> Dislocated as a result of Hurricane Katrina <input type="checkbox"/> A refugee from South East Asia
District Programs this student is enrolled in? <input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner (ELL) <input type="checkbox"/> Gifted and Talented <input type="checkbox"/> Student in alternative school	
Name and Address of School Student is Currently Enrolled:	

Definitions:
Shelters – include children and youth living in emergency shelters, transitional living programs, awaiting foster care placement
Doubled up – sharing the housing of other persons due to loss of housing, economic hardship, or similar reason. This category includes children, youth or unaccompanied youth who live in abandoned buildings or apartments, bus or train stations, campgrounds, cars, parks, public spaces, trailer parks, or live in substandard or inadequate housing.
Hotels/Motels – children, youth and unaccompanied youth who are temporarily living in hotels and motels because they cannot afford other types of housing.

Parent/Guardian Signature _____ Date: _____



Memphis Street Academy Charter School @ JP Jones
2950 Memphis Street
Philadelphia, PA 19134

Emergency Contact Form
Optional Form
2024-2025

Student's Name: _____ Date of Birth: _____

Child Lives with: ___ Mother Only ___ Father Only ___ Both Parents ___ Other Guardian

Is there a custody issue? ___ Yes (please provide updated Custody Order) ___ No

Mother's Name: _____
Address: _____
PHILADELPHIA, PA Zip Code _____
Email: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Father's Name: _____
Address: _____
PHILADELPHIA, PA Zip Code _____
Email: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Guardian's Name: _____
Address: _____
PHILADELPHIA, PA Zip Code _____
Email: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Other Emergency Contacts

Name: _____
Phone #: _____
Relationship to Child: _____

Name: _____
Phone #: _____
Relationship to Child: _____

Name: _____
Phone #: _____
Relationship to Child: _____

Name: _____
Phone #: _____
Relationship to Child: _____

PHOTO I.D. MUST BE PRESENTED WHEN PICKING UP A CHILD

I DO NOT want my child released to: _____

If there is an emergency at school such as an unexpected early dismissal due to the weather, fire, etc., what plan do you have for your child?

___ I will pick my child up ___ My child will walk home ___ My child will take the bus

___ I will allow another parent to bring my child home
Other Parent's Name and Child: _____

Listen to KWK for possible school closings during inclement weather.

Parent/Guardian Signature: _____

Date: _____



Memphis Street Academy Charter School @ JP Jones

2950 Memphis Street

Philadelphia, PA 19134

Phone: (215)291-4709 Fax: (215)291-4754

**Home Language Survey
2024-2025**

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 a method for the identification.

School District: PHILADELPHIA

School: Memphis Street Academy Charter School

DATE: _____

Student's Name: _____

Grade: _____

1. What is/was the student's first language? _____
2. Does the student speak a language(s) other than English?
(Do not include languages learned in school) Yes No
3. What language(s) is/are spoken in your home? _____
4. Has the student attended any United States schools in any 3 years during his/her lifetime?
 Yes No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): _____

Parent/Guardian Signature: _____

*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.



Memphis Street Academy Charter School @ JP Jones

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Parental Registration Statement

Student Name: _____ Date of Birth _____

Grade: _____

Parent or Guardian Name: _____

Address: _____

Telephone Number: _____

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, including conviction or delinquent adjudication related to sexual assault."

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 any 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 including conviction or delinquent adjudication related to sexual assault. 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)

Parent or 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.



Memphis Street Academy Charter School @ JP Jones

2950 Memphis Street

Philadelphia, PA 19134

Phone: (215)291-4709 Fax: (215)291-4754

**Authorization for Release of Student Records
Optional Form**

Student Name: _____ Date of Birth: _____
(First) (Middle) (Last) (Month/Day/Year)

Name of Previous School Attend: _____

Telephone #: _____ Fax #: _____

I, _____ hereby authorize the release of my child's school records to the person(s) or agency indicated above.

The student named above has enrolled as Memphis Street Academy Charter School @ JP Jones. Please forward ALL records indicated below to the office of MSACS as soon as possible. You may fax the records to MSACS at 215-291-4754 or mail to us at the above address.

- Report Card/Transcripts
- Attendance Records
- Disciplinary Records
- Health/Immunization Records
- Special Education Records (If Applicable)
- ESOL Records (If Applicable)
- PSSA Test Scores (If Applicable)

Release Records to: **Memphis Street Academy Charter School**

ATTN: **Student Records**

Address: **2950 Memphis Street Philadelphia, PA 19134**

Signature of Parent/Guardian: _____ Date: _____



Memphis Street Academy Charter School @ JP Jones
 2950 Memphis Street
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Walking Trip/Photo Permission Form
Optional Form
2024-2025

Photo Permission



Throughout the year, Memphis Street Academy Charter School students participate in activities, events, and projects in which students may be photographed or videotaped. This includes, but is not limited to, school portraits, student projects, theatre performances, field trips and special events. Please be sure to mark (✓) your choice with a “Yes” or a “No” for each item.

I give my child permission to appear in the following:

Yes No In-school displays—including, but not limited to, bulletin boards, class-made books, or student multimedia projects; students may be identified by first and last name

Yes No School Yearbook—including, but not limited to, portrait photograph, and possibly informal or group photos; students may be identified by first and last name

Yes No Other School Publications—including, but not limited to, the Philly Flash/school newsletters

Yes No School Website—including, but not limited to, main pages, class pages, or special event pages

Yes No Newspaper articles and/or magazine articles

Yes No TV stations or websites



Walking Permission

My child has my permission to take supervised walks. I understand that I will be notified by separate flyer when the school or teacher schedules a field trip.

Yes No

Student Name: _____

Grade: _____

Teacher: _____

Parent Signature: _____

Date: _____



School Based Health Center

CONSENT FOR HEALTH SERVICES: I consent to health services provided for my child by the School Nurse Practitioner and other providers and staff during the time that the student is enrolled in a school with an Education Plus Health School Based Health Center. I understand that information on primary care provided will be shared with my child's Primary Care Provider for continuity of care. Withdraw of this consent can be done at any time by writing to the School Based Health Center. I recognize that the Health Center will protect my child's health information according to HIPAA, as written below, and that my health insurance will be billed for services provided with consent at no cost to caregiver.

In order to provide care to your child, it may be necessary for the School Based Health Center to use and/or disclose protected health information for purposes of treatment and healthcare operations. Maintaining confidentiality of that information is important to us. The school's Notice of Privacy Practices describes in more detail the uses and disclosures of your protected health information that are necessary, and the obligation to protect that information. You have a right to review the notice before you sign this consent.

The School Based Health Center abides by the Federal HIPAA Privacy Rule which gives patients a right to be informed of the privacy practices of health care providers and health plans and of their privacy rights regarding their personal health information (PHI). Education Plus Health (EPH) participates with a secure health information organization network called *HealthShare Exchange* ("HSX"), which makes it possible for EPH to share your Health Information electronically through a secure connected network. EPH may share or disclose your Health Information to HSX whereby other health care providers that are also connected to the same network as EPH can access your Health Information for treatment, payment and other authorized purposes, to the extent permitted by law.

You have the right to "opt-out" or decline to participate in having EPH share your Health Information through networked HIOs. If you choose to opt-out of data-sharing through HIOs, EPH will no longer share your Health Information through an HIO network, however it will not prevent how your information otherwise is typically accessed and released to your child's pediatrician in accordance with the law, including being transmitted through other secure mechanisms (i.e., by fax or an equivalent technology). If you choose to opt-out of data-sharing through HIOs, or for any other questions or concerns, please contact the program office at 267-324-5707 or by email contact@educationplushealth.com.

In accordance with state and/or federal law, when consent is provided for care, healthcare information is kept confidential and not shared with the school. A few exceptions exist, for example:

- Permission is given by the student/patient or parent/guardian through a signed release of information.
- The patient has a medical condition that the teacher must be informed of to ensure their well-being in the classroom (Need-to-Know)
- The patient has a life-threatening health problem and is under 18 years old.
- There is reason to suspect abuse or neglect; and/or the patient indicates risk of imminent harm to self or others.
- Certain communicable diseases must be reported to public health authorities.

I hereby acknowledge that I have received the Notice of Privacy Practices and approve of the disclosures of my child's PHI.

Name of Legal Parent/Guardian: _____ Date: _____

Signature of Guardian: _____ Emergency Contact #: _____

Student(s) Name	Grade	PCP Name & Phone #	Insurance Type (if none, we will contact you to enroll)	Insurance #	Health Concerns (Illnesses, Allergies, Medications, etc. please list)

All students will receive universal health screenings by the school nurse as mandated by State law. You will be notified in writing if there are any concerns. Please submit a copy of your child's physical or dental exam each year, in accordance with State law.

In the School Based Health Center your child may be able to receive over-the-counter medicine to relieve discomfort (Tylenol, etc) at school. The school nurse will ALWAYS attempt to call you first for permission to administer such medicines. Please list any over-the counter medications you DO NOT wish your child to have.

NO PRESCRIPTION MEDICATION can be given at school without an updated consent and medical order every school year. (Includes asthma inhaler, Epi-pen, ADHD or other medications) Medication kept at the school must be taken home by the parent/guardian at the end of each year and returned at beginning of the next year, with updated medical forms and consents. Please contact the School Based Health Center to receive these forms.

IMPORTANT ADDITIONAL INFORMATION: Under PA State law, the School Based Health Center will provide and assist students in accessing outside care if necessary. Under PA State law, youth may independently access reproductive health care at age 13 without parent/guardian consent. The School Based Health Center encourages each student to involve his/her parents or guardians in health care decisions whenever possible. When applicable, the School Based Health Center will assist the student in discussing these situations with parents/guardians. Because youth are able to provide consent for treatment, their consent is legally required for release of information about pregnancy and sexually transmitted infections.



Greetings from your child's **School Based Health Center!**

In order for your child's school to administer any prescription medication the Pennsylvania Department of Health requires the prescribing physician to fill out a medication administration form for ANY and All medications including over-the-counter medications. Medication kept at school should be in the original box with a prescription label on the box.

The left side of the form for Medication Authorization at school must be completed and signed by your child's health care provider. **Your** signature is required on the **right** side of the form for consent to administer the medication.

Older students may be permitted to carry their own asthma inhaler with the proper paperwork signed by parent/guardian. Please contact the School Based Health Center to request this approval.

Remember that as a School Based Health Center the School Nurse Practitioner may be able to fill or refill a prescription for you, in collaboration with your child's primary care provider.

If you have any questions, please contact the school nurse.
Thank you!

LPN School Nurse Assistant
School Nurse Practitioner

Bienvenidos al Centro de Salud localizado en la escuela de su niño(a)!

Con el fin de poder administrar medicamentos prescritos para su hijo(a) en su escuela, el Departamento de Salud de Pennsylvania requiere que el doctor quien ha prescrito su receta llene una forma de Autorización para Administración de Medicamentos en la Escuela para CUALQUIER, y para TODOS, sus medicamentos incluyendo aquellos sin receta receta o compradas-sobre-el mostrador. Todos los medicamentos mantenidos en la escuela de su niño(a) deben permanecer la escuela de su niño(a) deben permanecer en su envase original con su etiqueta de prescripción en sitio.

El lado izquierdo de la Autorización para Administración de Medicamentos en la Escuela, debe ser completado y firmado por su doctor. **Su** firma es requerida en el lado **derecho** de la forma para consentir a la administración de medicamentos.

Estudiantes de edad más avanzada pueden obtener permiso para cargar sus inhaladores de asma con el papeleo apropiado y firmado por padre/guardián. Por favor, contacte su Centro de Salud de Escuela para pedir aprobación.

Recuerde que su Centro de Salud incluye una Enfermera Practicante que tiene la habilidad a ordenar medicamentos o rellenar medicamentos en colaboración con su médico de cabecera.

Si tiene alguna pregunta, por favor contacte su enfermera de escuela.
Gracias!

LPN asistente de Enfermería de Escuela
Enfermera Practicante de Escuela

Request for Administration of Medication or Use of Suction, Oxygen, or Other Equipment

MEDICAL PROVIDER: In order for your patient named below to maintain medication at school for administration as ordered and needed, please complete the entire section below, or send the medication order from your Electronic Health Record. Additionally, please accompany the order with the necessary documents below for compliance with PA State Law, School Code Chapter 23, and/or for quality care management by School Based Health Center clinical staff.

This information must be updated annually for each new school year.

Most recent pediatric well-child report INCLUDING vaccine record

Medical Care Plan (Asthma Action Plan, Diabetes, _____)

Please fax this information from your Electronic Health Record or via paper to 267-273-1540. Your practice fax number will be retained for electronic communication on care provided.

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Diagnosis: _____

Reason Medication Must Be Given At School: _____

Name of Medication/Equipment/Treatment: _____

Dose: _____ Time/s To Be Given: _____

Total Dosage/24 Hours: _____ Date Begin: _____ Date End: _____

Instructions for Administration/Utilization: _____

Contraindications: _____

Side Effects: _____

Treatment of Side Effects/Actions To Be Taken: _____

Is Any Restriction on Activity Necessary: _____

Is Student Taking Any Other Medication/s (if yes, list): _____

Is Similar Equipment Kept By The Child's Family At Home: _____



EDUCATION PLUS HEALTH
SCHOOL BASED HEALTH CENTERS

PARENT OR GUARDIAN

To The Principal,

I authorize selected school personnel to administer the indicated medication, or to use the equipment or machinery as prescribed by my child's health care provider, whose signature appears on or accompanies this form.

I authorize the school nurse to communicate with my child's health care provider, and my health care provider to reply, as needed regarding medication/equipment and/or my child's response.

Child's Name: _____

Parent Signature: _____

Parent Telephone Number: _____

Date Signed: _____

School policy requires that student medication must be maintained in the health center at all times, students may not carry their medication on them. If you have questions or concerns regarding this policy, please contact the Health Center/Nurses Office.

I understand that a trained health professional other than the nurse practitioner may administer the medication.

Name of Medical Provider Signing or Authorizing Form: _____

Practice Name: _____

Phone#: _____

Fax#: _____

Date Signed/Submitted: _____

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES
REPORT OF PHYSICAL EXAMINATION

OPTIONAL FORM

Date Issued: [Date]		Student ID#:	
RECORD OF VACCINE ADMINISTRATION			
<i>(Please attach complete immunization record including serology results if available)</i>			
Allergies _____		Date of last PPD _____ Result _____ mm	
Does this student have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Provider: _____			
RECORD THE FOLLOWING			
1.	Visual Acuity:	Without Glasses: R _____ L _____	With Glasses: R _____ L _____
2.	Audiometric Screening:	R _____ L _____	3. BP _____
4.	Height _____	inches/cm	Weight _____ lb./kg BMI percentile _____
5.	Scoliosis Screening: _____ Normal _____ Abnormal _____ Referred _____ No Referral		
6.	Activity Recommendation: _____ Full Physical Activity _____ Restricted Physical Activity (Must Complete Phys. E. Medical Exemption/Program Modification Form MEH-23) Specify Restrictions: _____		
7.	List all medications currently being taken: Medications: _____ Reason: _____		
8.	List ALL problems by history or examination:		Circle status of problem
	1. _____	Under Care	Care Complete Referred
	2. _____	Under Care	Care Complete Referred
	3. _____	Under Care	Care Complete Referred
	_____ No Problems Identified		
Comments/follow-up treatment plan / Special Instructions to school:			
Signature of Care Provider (REQUIRED)		Telephone	Care Provider office stamp (REQUIRED)
Address		Fax	
		Date of Exam	

THE SCHOOL DISTRICT OF PHILADELPHIA
REPORT OF PRIVATE DENTAL EXAMINATION

OPTIONAL FORM

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade

TO THE DENTIST

Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).

These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.

Thank you for your cooperation.

UNDER TREATMENT / WORK BEGUN	COMPLETION OF WORK / NO TREATMENT NECESSARY
Date Work Begun	<input type="checkbox"/> No Treatment Required Now
Scheduled Follow-up Appointment	<input type="checkbox"/> All Necessary Dental Work Completed
Date of Dental Examination	Expected Completion Date

Comments / Follow-up Treatment / Special Instructions to School

Name of Dentist	Telephone
Signature of Dentist	Date Signed
Address	Fax Number

IMPORTANT:

Return this form to:

Certified School Nurse/Practitioner

School

School Address

Phone Number