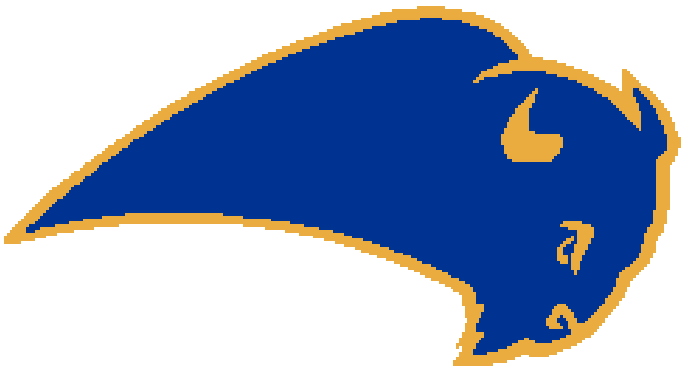
2026-2027

The Bradley School Registration Packet



5180 Campbells Run Road
Pittsburgh, PA 15205-9731
www.thebradleycenter.org

THE BRADLEY SCHOOL EDUCATION LEADERSHIP TEAM

Principal/Director of Education	Amanda Tobias atobias@thebradleycenter.org Ext. 4505
Assistant Principal	Katie Pietkiewicz kpietkiewicz@thebradleycenter.org Ext. 4510
Coordinator of Special Education	Ryan Bistarkey rbistarkey@thebradleycenter.org Ext. 4217
Dean of Students	Greg Ober gober@thebradleycenter.org Ext. 4515
Lead Teacher	Lauren Draksler ldraksler@thebradleycenter.org Ext. 4126
Lead Teacher Assistant	Jeff Cunningham jcunningham@thebradleycenter.org Ext. 4138

Pages 1-9 are policies and information regarding the school.
Please complete and return pages 10-25.

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Policy Number: ED 310	Subject: Medications (Prescription and Nonprescription)	Revised/Reviewed Date(s): 5/19, 11/19, 11/22, 7/25

Policy:

Commuter students are not permitted to bring prescription or non-prescription medications to school. Should a doctor deem it necessary for a student to take medication, either prescription or non-prescription, during the school day, a PERMISSION TO ADMINISTER PERSCRIPTON MEDICATION DURING SCHOOL form that includes a signature from the Prescribing Physician and parent/guardian must be completed. This will be turned into the School Nurse along with the medication in a marked/labeled pharmacy container. (No plain containers or bottles will be accepted.) The administration of medication in accordance with the direction of a parent/guardian and qualified health care provider to a student during school hours will be permitted only when (1) failure to take such medication would jeopardize the health of the student and/or (2) the student would not be able to attend school if the medication was not made available during regular school hours. The school shall not be responsible for the diagnosis and treatment of a student's illness. All non-prescription medications will require a parent/legal guardian signature on the NON-PRESCRIPTION MEDICATION PERMISSION FORM prior to administering these to students. These documents are included in the registration packet as well as on the website.

Procedure:

1. When necessary, a parent/guardian shall initiate a request to the School Nurse to have medication administered to a student during school hours.
2. The PERMISSION TO ADMINISTER PERSCRIPTON MEDICATION DURING SCHOOL form will be completed and returned to the School Health Nurse and put on file in the school nursing office. Without this form medication is unable to be administered.
3. The school nurse will be provided the doctor's order for the medication.
4. The parent/guardian or designated adult will bring in all medications. Medications brought in by the student without a parent/guardian/designated adult present will not be accepted.
5. ALL medications must be FDA-approved and kept in the original container.
    a. Prescription medications must be in a pharmacy bottle labeled correctly with the medication name, dosage, and times to be given.
    b. The dosage and times on the pharmacy bottle must match the physician's order.
    c. The student's correct name must be on the bottle.
6. Medication will be counted by the School Nurse/designated school staff and parent/guardian/designated adult. A Medication Accountability Form will be signed by both parties confirming the number of pills received by the school.
7. For current students, all medication must be on hand with completed documentation prior to the medication being administered at school. For new students, medication must be on hand with completed documentation prior to the student starting school.
8. All medications will be placed in a locked cabinet in the nursing office.
9. All medications issued to students shall be documented on a Student Medication Administration Record.
10. A picture of the student shall be included in the Student Medication Administration Record if prescription medications will be administered in school.
11. Medication will be administered by the School Nurse or other certified nurse.
12. Unused medications should be picked up by the parent/guardian/designated adult within one week of the last dose or the medication will be properly disposed.
13. All medications must be picked up by the last day of the school year. Medications left at school after the last day of school will be disposed of properly.
14. No medication will be returned home with a student.
15. All first doses of a medication must be taken at home to ensure no side effects are experienced by the student that would hinder their ability to be in a school setting.
16. Any change in medication, medication dosage, or times of administration require an updated physician's order along with a signature of the parent/guardian.
17. Non-prescription medications as listed on the Non Prescription Medication Form shall require a parent/guardian signature to be administered during the school day. This form shall be included in the registration packet.

The Bradley School reserves the right to refuse to administer any medication that would require immediate monitoring of the student by emergency personnel. This decision would be communicated to parent/guardian prior to accepting the medication as part of a student's health plan. *Excluded in this would be Epinephrine for allergic reactions.

Policy Number: ED 440	Subject: Safety Search of a Student	Revised/Reviewed Date(s): 5/19, 11/19, 5/22, 7/25

Policy:

It is the policy of The Bradley School to maintain a safe environment for students through the use of safety searches and restricting certain items as contraband. In addition, it is also the responsibility of The Bradley School to protect the right of the student from unreasonable search and seizure. The Bradley School may conduct search and seizure only according to the procedures below. Safety Searches involve the general safety of the students. Specifically, a search is conducted when a student returns from the community unaccompanied by staff (i.e. therapeutic leave, home visit, school, etc.) each morning during arrival to school, and if the HALO sensor triggers an alarm while a student is using the restroom.

The following, though not exhaustive, is a list of items that are considered contraband:

1. Drugs, alcohol, cigarettes, and paraphernalia
2. Weapons (guns, knives, clubs, etc.)
3. Sharp objects (glass, scissors, nails, etc.)
4. Aerosol cans
5. Matches, lighters
6. Toxic substances (model glue, acetone)
7. Posters or documents of inappropriate matter (i.e. drugs, pornography, etc.)

Procedure:

Daily School Commuter Student Safety Searches

1. Students will enter the school through the reception area. Any student that comes to school with a bookbag will leave it outside so that it can be searched after all students have arrived to school.
2. Students will hand over any article of clothing with a hood that will be hung on a hanger with the student's name.
3. Students will then hand over all electronic devices that will be placed in their own zipper bag and placed in a crate that will be locked away.
4. Students will empty the contents of their pockets and place their shoes and light-weight jackets they wish to bring in the plastic bins that will be searched by staff.
5. Students will then be asked to walk over to the metal detector stands, pull out their pockets, pull up their pant legs, and spin slowly on the stand to ensure that they do not have contraband on them.
6. If the metal detector turns a red color, then staff will utilize the metallic wand to complete the search. Any students that have a metal undergarment will be pulled aside and pull garment forward. Students wearing shorts under their pants are asked to pull the pockets of their shorts out to reveal if there is anything in their pockets. Students can request this search in an adjacent room if needed, while also asking for a same-sex staff to conduct the search.
7. If the wand continues to beep, then the school resource officer will support school leadership in speaking with the student and encouraging them to turn over any items.
8. If a student refuses to give up any contraband items, then they will not be permitted into the school program and be marked absent/unexcused. The student's parent/guardian will be called to pick up the student.

If the search finds any contraband or dangerous item, that item will be handed over to a member of school leadership. The school resource officer will be notified. Depending on the nature of the item, will determine if other parties will need to be communicated with, including that student's parent/guardians, school district, or local authorities. Depending upon the severity of the safety risk, the local authorities may be notified by the school resource officer and/or the parent may be called for assistance. If the local authorities are called, the home district will be notified. At the home district's discretion, an IEP team meeting may be held within ten days.

Policy Number: ED 420	Subject: Passive Physical Restraint	Revised/Reviewed Date(s): 11/19, 7/25

Policy:

Passive physical restraint is defined as the staff physically intervening with a student by utilizing Therapeutic Crisis Intervention (TCI) techniques. Passive physical restraint is a physical hands-on technique that restricts the movement or function of a student or portion of a student's body.

TCI certification is a requirement for all clinical staff. It has been determined that the use of passive physical restraint with a student is a restrictive procedure at The Bradley Center. The use of such a restrictive procedure requires written documentation in the student's educational record.

Passive physical restraint is an appropriate emergency safety intervention when less restrictive forms of behavior management techniques have failed to prevent the risk of imminent danger of bodily harm to the student or others.

Passive physical restraint is used only when less restrictive methods have proven to be ineffective in each individual situation.

Passive physical restraint is not used to control the environment or to prevent disruption of the therapeutic milieu.

Passive physical restraint is not used to compensate for inadequate numbers of staff.

Passive physical restraint is not used for punitive purposes, discipline, retaliation, or coercion.

Passive physical restraints are performed in a manner that is safe and appropriate for age, gender, size, developmental level, and medical and psychiatric conditions.

All staff involved in passive physical restraint are accountable for the safety of the students and are responsible for utilizing proper TCI techniques.

Procedure:

1. Whenever possible, less restrictive interventions shall be utilized prior to a passive physical restraint.
2. When appropriate, staff shall briefly inform the student of the safety needs and the purpose of the passive physical restraint and the criterion by which the student will be released from the hold.
3. When students are in immediate risk to harm self or others, then passive physical restraint shall be used by trained TCI certified staff to ensure the safety of the students and staff.
4. Staff shall utilize minimal verbal communication during passive physical restraint in an effort to reduce stimulation.
5. A passive physical restraint should be continued no longer than the passive physical restraint is necessary to maintain safety. Under no circumstances should a passive physical restraint exceed 4 hours for students aged 18 or older, 2 hours for students ages 9 to 17, and 1 hour for students under the age of 9.
6. The section regarding obtaining a physician's order on the Restrictive Procedure Order and Report form should be crossed out and not completed for non-residential students.
7. A registered nurse or TCI certified staff shall continually assess and monitor the physical and psychological well-being of the student to ensure the safety, privacy and dignity of the student and document this every 10 minutes on the Restrictive Procedure Order and Report.

Policy Number: ED 420	Subject: Passive Physical Restraint (continued)	Revised/Reviewed Date(s): 11/19, 7/25

8. A registered nurse or TCI certified staff completing the assessment shall specifically observe and document the student's circulation, breathing, state of consciousness, and the presence of an open airway. If the student shows any sign of physical distress such as a sudden change in color, hyperventilation, difficulty breathing, vomiting, change in level of consciousness, significant elevation or depression of heart rate, or other behaviors that indicate heart or breathing problems, the passive physical restraint shall be reassessed immediately, and restraint position shall be changed if necessary.
9. Once the student has shown clear signs of de-escalation (i.e., no longer thrashing, head-banging or physical struggling and/or yelling, screaming, threatening self-harm or harm to others), the student is able to move towards the "Letting Go Process."
10. During the "Letting Go Process", the lead staff shall determine the appropriate method in terminating the hands-on intervention. The termination of the hands-on intervention shall occur gradually (e.g. 2 legs, 1 arm, 2 arms, etc.), with the exception of emergencies (i.e. fire).
11. The staff that initiated the restraint shall be responsible for completing Section I and II of the Restrictive Procedure Order and Report
12. Processing or discussing the event with the student afterwards must be developmentally designed. The Life Space Interview provides the guidelines for this process. Lengthy discussions may be contraindicated for some students.
13. Passive physical restraint rationale is clearly documented in the student's record, including target symptoms, alternative interventions, the time the passive physical restraint began and ended, results of the intervention, contents of the Life Space Interview and passive physical restraint specifics.
14. Staff is accountable for peer review and for providing immediate feedback to correct and improve student care during passive physical restraint.
15. The nurse or TCI certified staff that observed the passive physical restraint every 10 minutes shall be responsible for completing Section III of the Restrictive Procedure Order and Report.
16. After the completion of a passive physical restraint, the nurse shall do a face-to-face assessment of the student and complete section IV of the Restrictive Procedure Order and Report.
17. The school nurse notifies school leadership of the restraint and length once the assessment is complete. For residential students, the Clinician on Call is notified of the restraint by 2:30pm.
18. On the date of the restraint notification will be sent to the parent/guardian and district.
19. Restraint Paperwork for commuter students
    a. On the date of the restraint notification will be sent to the parent/guardian and district. A restraint waiver sent to parent/guardian requesting to hold an IEP meeting to review the restraint and revise the student's positive behavior support plan as needed or waive the meeting.
    b. Following the restraint the parent/guardian signs the restraint waiver within the 10-day period. A Restraint Information System of Collection (RISC) form is completed and then sent with the signed waiver to district. If the restraint waiver is not received by day 5 post restraint. The Bradley School will reach out to parent/guardian to schedule meeting or resend restraint waiver based on request. If there is no response from the parent/guardian, a meeting will be scheduled with the district to review the restraint and revise the positive behavior support plan as needed. Parent/guardian will be called during the meeting for participation. Following the meeting an IEP revision and RISC form completed by day 10.

Policy Number: ED 520	Subject: Attendance Policy	Revised/Reviewed Date(s): 5/19, 11/19, 7/25

Policy:

According to the state compulsory attendance laws, absences from school may be excused for illness, quarantine, death in the immediate family, and/or impassible roads. Other excused absences relate to absence due to recognized holiday/services, health-related appointments, court appearances, school sanctioned absences, and pre-approved absences at the discretion of the Director of Education or designee.

Procedure:

1. When students are absent from school for a pre-approved excused reason (therapeutic leave, medical appointment, illness, etc.) they will be marked absent, but the absences will be excused.

2. For all unexcused absences, the parent/legal guardian shall provide a written excuse within three (3) days of absence explaining the reason for the absence. The student shall submit the excuse to his/her teacher upon entering the classroom.

3. The teacher shall be responsible for keeping accurate records of attendance on PowerSchool and notifying school leadership if students are absent for an extended period of time.

4. Students with unexcused absences shall not receive credit for work missed during their absence.

5. Any student out of school for a period of longer than 3 days shall be required to submit a doctor's excuse for his/her absence. If no excuse is presented, the absence shall be considered unexcused and unlawful, and the home district may choose to issue a citation of truancy.

6. Classroom attendance and participation are mandatory. Habitual non-participation in classroom activities shall be reported to parent/legal guardians via the quarterly reports and by phone calls from teachers to discuss this behavior.

7. A meeting with the student, teacher, district, and parent/legal guardian will be held for any student who has had ten or more unexcused absences in one year. The focus of the meeting will be to strategize how to assist the student reduce unexcused absences.

8. Students' attendance will be reported monthly to their home district. Students will be disciplined per their home district's attendance policy for excessive absences unless a student's IEP has other requirements.

9. A student at the high school level who misses 20 or more days of school (10 per semester), shall be recommended to repeat the year. A student at the middle school level who misses 30 or more days of school (15 per semester), shall be recommended for repeating their grade level the following school year. In all instances, the home district has the final authority.

10. Students' attendance records will become part of their educational file.

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Policy Number: ED 525	Subject: School Closures and Delays	Revised/Reviewed Date(s): 5/19, 11/19,1/21, 1/23, 7/25

Policy:

In the event of severely inclement weather or other environmental event necessitating the need to delay the start of The Bradley School day, The Bradley School will give notice as early as possible on KDKA and WPXI news outlets. Reports will be made in the morning and will be between 6 a.m. and 8 a.m. Notification will be sent out via school messenger through text and email to all families.

If The Bradley School is not reported as delayed, students will follow their home school district's schedule. Please refer to the home district's delay policy for announcements. If no report is heard from either or, it can be assumed that The Bradley School will be in session.

The following websites may assist in the announcement of the above mentioned news outlets: www.wpxi.com and https://www.cbsnews.com/pittsburgh/school-closings.

Commuter students' transportation will follow the home district's schedule when there is a weather-related delay or closure. For example, if a home school district is on a two-hour delay, then the bus will arrive two hours later. If the home district is closed, transportation will be canceled.

Procedure:

1. Commuter students should check news outlets for school closing and delay announcements.

2. If the student's home school district cancels school, the district's transportation is also cancelled and will result in the student not attending classes at The Bradley School. Parents/guardians are NOT permitted to bring students into school if their district closes. The student's absence will be marked "district excused."

3. If the home school district delays school, the district's transportation is also delayed. The Bradley School will also be delayed for any student from that district. Parents/guardians are NOT permitted to bring students into school prior to the delay. A school delay is not an excuse to miss attending school. The student's absence will be marked "unexcused" if they do not attend school on a delay day.

4. The Bradley School will remain open during severely inclement weather or other environmental event for students residing at The Bradley Center RTF but will follow the 2-hour delay schedule.

5. Regardless of multiple district closures and delays, The Bradley School staff are expected to arrive at their normally scheduled time as safely as possible.

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The Bradley School | 2026-2027 CALENDAR

The Bradley School
5180 Campbells Run Road
Pittsburgh, PA 15205
412-788-8219 Phone
412-788-8215 Fax

AUGUST 2026 (5)						
S	M	T	W	Th	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER 2026 (21)						
S	M	T	W	Th	F	S
	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER 2026 (19/2)						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER 2026 (17)						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER 2026 (17)						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY 2027 (9/9)						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

FEBRUARY 2027 (19)						
S	M	T	W	Th	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27

MARCH 2027 (17/1)						
S	M	T	W	Th	F	S
28	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

APRIL 2027 (22)						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

MAY 2027 (20)						
S	M	T	W	Th	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE 2027 (2)						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

2027 ESY Program
June 28-July 29

Grading periods
August 25-October 28
October 29-January 14
January 19-March 24
March 30-June 2

Important Dates	
August 17-24 In-Service	January 18 In-service
August 25 Student first day	February 10 Early Dismissal
September 7 No School	February 15 No School
September 23 Early Dismissal	March 8 Parent Teacher Conferences 9-5pm
October 12 In-service	March 24 Early Dismissal End of Q3
October 28 Early Dismissal End of Q1	March 25 Clerical Day
November 9 Parent Teacher Conferences 9-5pm	March 26-30 Spring Break
November 25 Early Dismissal	April 14 Early Dismissal
November 26-November 30 Thanksgiving Break	May 28 Graduation
December 23 Early Dismissal	May 31 Memorial Day-No School
December 24-January 1 Winter Break	June 2 Student Last Day Early Dismissal
January 14 End of Q2	June 3-June 4 Clerical
January 15 Clerical Day	

Testing Dates
PASA March - May
PSSA ELA (Grades 3-8) April 26 – 30
PSSA Math (Grades 3-8) May 3 - May 7
PSSA Science (Grades 3-8) May 3 - May 7
***Keystones** Winter Wave 1 December 7 - 18*
***Keystones** Winter Wave 2 January 4 - 15*
***Keystones** Spring May 17 – 28*

In-service/Clerical Day (No Students)
Early Dismissal (8:00am-11:30am)
Holiday Break/No School
Parent Teacher Conferences

*No school for students on Parent Teacher Conference Days

Please complete and return pages 10-25.

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THE BRADLEY SCHOOL REGISTRATION FORM

Date Completed: _____

STUDENT'S INFORMATION

Student's Name:	Legal Guardian(s): Relationship to the student:
Student's Date of Birth:	Address:
Student's Email Address:	Legal Guardian(s) Email Address:
Home Phone Number:	Cell Phone Number:
Student resides with (please list name and relationship):	
Please select the student's ethnic/racial category(ies). Circle all that apply. Hispanic American/Indian Asian Black Native Hawaiian White *Information collected regarding racial/ethnic background is part of the No Child Left Behind Act of 2002.*	

OTHER PARENT/GUARDIAN'S INFORMATION WHO THE CHILD MAY NOT LIVE WITH

Name:	Email Address:
Relationship to the student:	Home Phone Number:
Address:	Cell Phone Number:

EMERGENCY CONTACT INFORMATION

In the event of an emergency, every effort will be made to contact the parent/guardian first. Please provide the names and contact information for three individuals who can provide transportation and care for your child if you are unavailable. Emergency contacts should have reliable transportation and be able to respond promptly when needed.

Name:	**Relationship:**	**Phone Number:**

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PARENT INPUT UPON ADMISSION TO THE BRADLEY SCHOOL

Student's Name:
Student's DOB:
Name of Person Completing Form:
Relationship to Student:

Does your child currently receive any of the services listed below in school? Circle yes or no.

Speech Therapy	Yes	No
Occupational Therapy	Yes	No
Physical Therapy	Yes	No
Vision Services	Yes	No
Hearing Services	Yes	No
English as a Second Language	Yes	No

Please help us to better understand your student.

What are your child's educational strengths? In what area does he/she do their best?
What teaching and behavioral strategies seem to work best with your child?
Share any information about your child's culture and/or language, which will help in understanding his/her background and needs.
What are your educational goals for your child while at The Bradley Center?

If you have any questions, or need additional information, please contact:
Amanda Tobias, Director of Education/Principal
412-788-8219, 4505

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ACKNOWLEDGEMENT OF PRACTICES

SAFETY SEARCH AND ESCORTS/PASSIVE RESTRAINTS

I have read the following The Bradley School policies (attached at the end of this packet):

- Attendance
- Safety Search
- Escorts/Passive Restraints

I understand and agree to these policies while my student is enrolled in The Bradley School.

_____

Student's Name

_____

Legal Guardian's Signature

_____

Date

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COMMUNITY OUTINGS

Community Based Learning is an essential part of the curriculum at The Bradley School. I give permission for my student to participate in outings during the school day transported by Bradley staff and in Bradley vehicles.

_____

Student's Name

_____

Legal Guardian's Signature

_____

Date

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HOME LANGUAGE SURVEY

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 the method for the identification.

School District: _____ Date:_____

Name of Child: _____ Grade:_____

Address: _____

School: _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English? Yes No
   (Do Not include languages learned in school.)

   If yes, specify the language(s): _____

3. What language(s) is/are spoken in your home? _____

4. Please place a check by the number of months the student has been enrolled in US schools:
   ___ 0 to 12 months
   ___ 13 to 24 months
   ___ 25 to 36 months
   ___ 37 or more months

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.

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The Bradley Center
Family/Household Income Form

As you may or may not know, The Bradley Center is a nonprofit organization that is eligible to apply for government grants to support the healing and education of the children and adolescents who live and attend school with us. For some of these grants, Bradley is required to report family/household income. Family/household income information is used solely for the purpose of receiving funding. The income information is reported in the aggregate and is anonymous. **Your personal information is not included.**

Will you please complete the following information?

Date _____

Child's First Name and Last Initial of Last Name _____

How many individuals are in your family/household? _____

What is your estimated family/household income? _____

Signature _____

We truly appreciate your efforts to help us receive funding to enhance the lives of the children and families we serve.

RELEASE OF INFORMATION

If your student has an outside provider (outpatient therapist, family based, probation, etc.) and you wish for us to communicate with them please fill out the form on the following page. This page is a release of information form that gives The Bradley School permission to communicate with outside providers. We will be unable to communicate with any outside providers until we have a release of information form on file.

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Pittsburgh, PA 15205-9731
www.thebradleycenter.org

Bradley School
5180 Campbells Run Road, Pittsburgh, PA 15205
Fax: 412-788-8215, Ph: 412-788-8219

Student's Name_____
Date of Birth_____

AUTHORIZATION FOR DISCLOSURE OF HEALTH AND EDUCATION INFORMATION

This Authorization for the use and/or disclosure of the specific personally identifiable health information set forth in this Authorization is made pursuant to the requirements of 45 CFR §164.508, which sets out the federal privacy regulations for the Health Insurance Privacy and Accountability Act of 1996 and authorizes the Bradley School to obtain the personally identifiable health information specifically referenced in this Authorization.

The following individual or organization is authorized to make the disclosure: ___**Bradley School**_____
The type and amount of information to be used or disclosed is as follows and includes dates from _____ to _____

Method of Release (must check one): ☐ Verbal only ☐ Copies only ☐ Verbal and Copies

- ☐ Psychological Evaluations
- ☐ Psychiatric Evaluations
- ☐ Psychosocial Evaluations
- ☐ Psychological Tests
- ☐ Academic/ School Reports
- ☐ Other: _____
- ☐ Achievement Tests
- ☐ Treatment Plans
- ☐ Discharge Summaries
- ☐ Medical History/Exams
- ☐ Medication History
- ☐ EKG's
- ☐ Physician Orders
- ☐ Lab Reports
- ☐ Clinical Reviews/ Updates
- ☐ Immunization Report

This information is to be disclosed to and used by the following individual or organization:

Name and address: _____

for the purpose of: _____

I understand that I have a **right to revoke** this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the record department. If I desire to revoke this Authorization, I may do so by sending a written revocation to the Bradley School at the following address: 5180 Campbells Run Road, Pittsburgh, PA 15205.

I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. **If I fail to specify an expiration date, event or condition, this authorization will expire one year from the date it is executed.**

I understand that authorizing the disclosure of this health and education information is **voluntary**. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the Privacy Officer.

I understand that the information used or disclosed pursuant to this authorization **may be subject to re-disclosure by the recipient** of the information and may no longer be protected.

In certain instances, The Bradley Center will charge a copy fee for release of the records consistent with PA law.

I understand all of the provisions of this Authorization and I wish to execute this Authorization thereby authorizing the use and/or disclosure of the information described above for the purposes described above.

Printed Name and Signature of Student: _____ Date: _____

Printed Name and Signature of Parent or Guardian: _____ Date: _____

Printed Name and Signature of Staff Obtaining Verbal Consent: _____ Date: _____

Printed Name and Signature of Second Staff Member Hearing Consent Obtained: _____ Date: _____

Reason Written Consent Could Not be Obtained and Printed Name of Individual Proving Consent:

_____

☐ A copy of the completed and signed Authorization must be given to the Representative Date: _____Initials _____
A photocopy of this signed authorization shall have the same effect as an original document

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NON-PRESCRIPTION MEDICATION PERMISSION FORM

STUDENT'S NAME:

The following medication may be given to your child as needed only with your written permission. Please initial below all medications/ointments, which you approve in order for them to be administered.

	Alcohol-70%
	Antibiotic Ointment
	Blistex
	Burn Gel
	Hydrocortisone Cream
	Hydrogen Peroxide
	First Aid Cream
	Instant Bandage
	Analgesic spray/gel
	Zinc Oxide (topical that treats cuts, burns, scrapes, and poison ivy)
	Calamine (used for skin rashes with itching)
	Aromatic spirits of ammonia/smelling salts for fainting
	Analgesic spray/gel (temporary relief of pain/sunburn)
	Saline eye wash
	An antihistamine, at manufacturer's recommended dosage, for mild allergic reactions
	Cough Drops
	Sun Screen
	Tylenol/ Acetaminophen*

To be completed by parent/guardian
I authorize The Bradley School staff to use the above medications and ointments for my child that I have initialed above.

_____ _____

Signature of parent/legal guardian Date

***(Please note, only one dose of acetaminophen will be administered during one single school day. Also, students will not be given acetaminophen more than ten times a school year without a doctor's order from the family physician.)

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Provision of School Health Services and Mandated Screenings
Please review, sign, and return to school

Please be aware that the Department of Health and Pennsylvania Department of Education require students to have mandated screenings each school year for all students and also grade specific screenings. The results of the screenings will be shared with new student's home district and parents/guardians. Please do not hesitate to contact the school nurse if you have any questions or concerns.

All Grades

- School nurse will complete Immunization Assessment, Grown Assessment, Vision Screening
- Parents will be informed of child's body mass index each year by school nurse.

Medical Exam: Grades 6 and 11

- Please request your pediatrician/family doctor to complete the school health form.

Dental Exam:

- Please have your dentist complete the school health form.
- Forms will be provided at guardian's request

Hearing Screen: Grades 1, 2, 3,7,11 and special education students in all grades

- School nurse will complete at school.

Scoliosis Screen: Grades 6 and 7

- School Nurse will complete at school with parental consent.

Tuberculosis: Grade 9

- Please request your pediatrician/ family doctor to complete and share results.

Vision Screen: Grades 1-12

- School nurse will complete at school.

I have read and understand the mandated screenings I give consent to the school nurse to complete the required screenings which can take place in school, including the scoliosis screening for 6th and 7th graders that requires a student to be examined privately by lifting the back of their shirt so that the nurse can examine their spine. I further understand the grade level exams that as a parent/guardian I am responsible for having completed.

_____ _____

(Parent/Guardian Signature) (Date)

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Immunizations

Admission for ALL children in ALL Grades (K-12) need the following immunizations for attendance:

DTAP	4 Doses (tetanus, diphtheria and acellular pertussis) 1 dose on or after 4th birthday
IPV	4 Doses (polio) 4th dose on or after 4th birthday and at least 6 months after previous dose given)
Hep B	3 Doses 3rd dose on or after 24 weeks of age
MMR	2 Doses (measles, mumps and rubella)
VAR	2 Doses (chickenpox) or evidence of immunity (had disease)

7TH through 12TH Grade need additional immunization requirements for attendance:

TDAP	1 Dose (tetanus, diphtheria and acellular pertussis) On the first day of 7th grade
MCV	2 Doses (meningococcal conjugate) On the first day of 7th grade On the first day of 12th grade. **If one dose was given at 16 years of age or older, that shall count as the 12th grade dose.

Medical or religious exemptions must be discussed on an individual basis with the school nurse and home school district. Records of immunization must indicate month, day and year that they were given.

If a student is not properly immunized or exempt, he or she will not be allowed to attend school until:

- A completed certificate of immunization is provided
- The parents/legal guardian present a plan for completion of the required immunizations to the school nurse.

I have read and understand the immunization requirements that as a parent/guardian I am responsible for having completed.

_____ _____

(Parent/Guardian Signature) (Date)

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THE BRADLEY SCHOOL HEALTH INFORMATION, Page 1 of 3

Student's Name:_____ Date of Birth: _____

Does your child have any of the following conditions? (Circle Yes or No.)

	Yes or No	If yes, explain, including how the condition is treated
Food allergies	Yes or No	
Environmental allergies (including insects)	Yes or No	
Medication Allergies	Yes or No	
Latex Allergies	Yes or No	
Other Allergies	Yes or No	
Heart Conditions	Yes or No	Explain any restrictions:
Skin Conditions	Yes or No	
Seizures/ Epilepsy	Yes or No	Medication: Date of last Seizure:
Asthma	Yes or No	How often is an inhaler used?
Diabetes	Yes or No	Which Type?
Hypoglycemia	Yes or No	
Blood Disorder	Yes or No	
Sickle Cell Disease	Yes or No	
Fainting	Yes or No	
Gastrointestinal Problems	Yes or No	
Cancer	Yes or No	
Speech	Yes or No	
Hearing	Yes or No	
Vision	Yes or No	Wear glasses or contacts?
Head Injury/Concussion	Yes or No	Date of Concussion:
Mobility / Activity Concerns	Yes or No	
Dietary Restrictions	Yes or No	
Hospitalizations/Operations	Yes or No	Date/Type/Reasons:
Prone to Nosebleeds	Yes or No	
Eating Disorders	Yes or No	

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THE BRADLEY SCHOOL HEALTH INFORMATION, Page 2 of 3

Student's Name:_____ Date of Birth: _____

Please list all medications the students take outside of school hours.

Medication Name	Dose	Frequency	Reason

Please list all medications the student will need to take during school, including inhalers.

Medicine Name	Dose	Frequency	Reason

** The prescribing doctor and parent must complete Permission to Administer Prescription Medication During School Form and provide the medication in the original prescription bottle. Medication cannot be administered at the school without this form and original prescription bottles.

Medical Professional Contact Information

Doctor's Name	Phone Number
Primary Care Doctor	
Dentist	
Psychiatrist	

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BRADLEY SCHOOL HEALTH INFORMATION, Page 3 of 3

Student's Name:_____ Date of Birth: _____

Health Insurance Information

Name of Medical Insurance Company	
Group Number	
Policy ID Number	

Medical Emergency Care Authorization

I hereby authorize Bradley School and/or Paramedics to transport my child to the nearest available emergency room location. If time permits, my first hospital preference is:

Name of Hospital: _____

I further authorize the emergency room staff to diagnose and, if necessary, treat my child. I understand The Bradley School will inform me of the injury/illness as soon as possible.

Date:_____ Signature: _____

(Parent or Legal Guardian)

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Instructions for if your student requires medication administration at school

1. Take the Permission to Administer Prescription Medication During School Form (on the next page) to the treating physician to fill out and sign
2. Once the form is signed by both treating physician and guardian, turn the form into the Bradley School
3. Once form is received at The Bradley School, medication can be brought to the school. Medication must be brought in its original prescription bottle by the student's guardian.

*Students are prohibited from bringing their medication to school with them.

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PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION DURING SCHOOL

Student Name _____ Date of Birth _____

To Be Completed by Parent/Legal Guardian
I have requested medication to be administered during the school day. I understand the reason which necessities prescribed medication, and I am in full agreement with the aspect of the treatment plan. I further authorize the appropriate staff person at the Bradley School to assist my child with the self-administration of the specified medication(s) where a dosage during the school hours is indicated. I understand all medication(s) must be received by Bradley in its original, labeled prescription container. Each different medication must be in its own container. As the parent/guardian, I am responsible for providing the medication to the school for it to be administered. When my child's medication changes, I will provide the school with a new doctor's authorization/order before the new medication will be administered in school.

_____ _____
Parent/Guardian's Signature Date:

The above student is currently being treated for (conditions/diagnosis)

The above named student is currently being prescribed the following medications, which are taken outside of school hours.

Medication	Dose	Time

The above name student is ordered to take the following medications during the school day.

Medication	Dose	Route	Time

Please List Any Special Instructions for Administration.

_____ _____
Physician's Signature Date