

## Emergency Information and Authorization Form

*The information that you provide on this form will be used to ensure your child's safe participation in programs at Pittsburgh Center for the Arts.  
A completed form must be submitted before your child will be allowed to begin class or camp*

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zipcode: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

If the parent/guardian cannot be reached in an emergency, please contact: (Permission to sign student in/out? **Y / N**)

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Additional persons authorized to sign student in/out of class:

Name	Relationship to Student

If your child is 11 or older and is **authorized to sign him/herself into and out of class**, please initial here: \_\_\_\_\_

*(Students attending High School Programs are able to sign him/herself without an authorized adult)*

Allergies \_\_\_\_\_ Medications \* \_\_\_\_\_

*PCA staff is NOT allowed to dispense **non-emergency medication** to students. A designated adult must come to dispense non-emergency medication during class time. Emergency medication must be labeled with the child's full name and given to the instructor at sign-in. Emergency medication will be stored in the child's classroom and taken on any field trips. By signing this form, you give PCA staff and instructors permission to administer emergency medication if necessary.*

Please detail specifics of **allergy** and describe other **medical, behavioral** or **developmental** issues we should be aware of:

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*(Additional information can be included on the back of this form for students with behavioral or developmental issues)*

Will a **TSS** be accompanying your child? **Y / N** *(If **YES**, please complete more information on the back of this form)*

\_\_\_\_\_ **I DO** authorize PF/PCA to use photographs taken of my child and his/her work for promotional purposes which may include PF/PCA online and print publications or submission to the press for use in articles or advertisements

\_\_\_\_\_ **I DO NOT** authorize PF/PCA to publish photographs taken of my child

# Pittsburgh Center for the Arts Special Needs Form

*Please complete if your child's diagnosis impacts daily functioning.*

Name(s) of Therapeutic Support Staff or Aide \_\_\_\_\_

TSS Schedule: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

Name of Agency _____	Phone Number _____
Street Address _____	City _____ Zip Code _____
Name of TSS Supervisor or assigned Behavior Specialist Consultant _____	
BSC Phone Number _____	BSC Email _____

***TSS or Aides must check-in with the Camp Director on the first day of his or her assignment with a PCA student. If a TSS accompanies a student at PCA, the parents/guardians should contact the Camp Director before the student's program begins. The TSS or agency must provide PCA with copies of Act 33 and 34 Clearances. PCA asks that parents/guardians provide the Camp Director with an IEP or complete the short questionnaire below. This information will only be shared with adults directly responsible for the supervision, safety and or instruction of the student and will be used to ensure your child has the highest quality experience possible while at PCA.***

Describe possible triggers your student might have and any methods that are used at home or in school to avoid negative responses

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Describe individualized goals you have for your student within the parameters of this program

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Describe reward systems and/or soothing methods that you've found to be effective at home or in school

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Please include any additional information that you feel might be helpful

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