



NORTH ALLEGHENY SCHOOL DISTRICT

IMPORTANT INFORMATION FOR THOSE WHO ARE HIGHLY SENSITIVE TO PESTICIDES

In 2002, Governor Schweiker signed Act 35 and Act 36 into law. These laws require every school in Pennsylvania to create and implement an Integrated Pest Management (IPM) Plan. Every IPM has the following components:

- A notice to all families of students and employees that they may request to be notified when the District is going to spray pesticides in schools or on school grounds.
- A process for notifying all those who request such information at least three days prior to scheduled application of pesticides.
- Signs posted at the site of the scheduled application of pesticides three days prior to the application and two days following.

The North Allegheny School District has implemented an IPM Plan. **If a child in your family is highly sensitive to pesticides and/or herbicides and you would like to be notified by the District before an application inside or outside of school facilities, please complete the forms found on the District website under the Director of Facilities and return it to the building your child is enrolled as soon as possible.** Please allow six weeks for processing.

Under the provisions of the IPM Plan, the District will notify students, staff, and the community of impending pesticide treatment by posting signs in the area to be sprayed, by posting a notice on our NASD website www.northallegheny.org and by posting signs on the buildings of the school(s) closest to the site of application. These notifications will be posted three days prior to the application of pesticides and will remain posted for two days following.

In instances where emergency application is necessary, we will attempt to contact all those who have requested notification by phone or email one day prior to the application. This would generally be the case when nests of bees, hornets, or wasps are identified in areas where children are regularly present.

Parents, students, staff, and residents also have the option of enrolling with the Pennsylvania Pesticide Hypersensitivity Registry. This State database is maintained by the Department of Agriculture. On a quarterly basis, the Department provides the names of any State resident registered with the program to the public school or district closest to their home for purposes of updating the District's database for notification. **To enroll your child for this Registry, call 717-787-4843 for information or complete and submit the form found on the District website under the Director of Facilities.**

Please be aware that the provisions of Act 35 and Act 46 do not require the notification to apply to the application of disinfectant and antimicrobial products; self-containerized baits in areas not accessible to students; gel type baits placed in cracks, crevices or voids; or swimming pool maintenance chemicals. In addition, the District assures you that all of the pesticides, herbicides, cleaning materials, etc., utilized by our Facilities Department are approved for use in school facilities and on school grounds. ▯

At the North Allegheny School District it is our priority to maintain a safe and caring environment for all our students and staff. It is our intent to apply pesticides only as a last resort in or around our facilities. We appreciate your cooperation in the establishment and maintenance of this communication tool. If you have any questions, please feel free to contact my office directly – 412-369-5432.

You may obtain an application online at: www.agriculture.state.pa.us/plantindustry, from your local pesticide business, or by contacting any PDA Office. The local PDA Office is located at 6 McIntyre Road, Gibsonia, PA, 15044-6944. The phone number is 724-443-1585.



NORTH ALLEGHENY SCHOOL DISTRICT
APPLICATION FOR NOTIFICATION OF PESTICIDE USE

PART I – Request To Be Notified

For the purpose of NASD communication only. Please register my child/children as named below as being hypersensitive to pesticide exposure. Please notify me as required under the provisions of Pennsylvania Acts 35 and 36 when the District intends to apply pesticides in or around the building where my child/children attend classes or regular NASD activities.

 Signature of Custodial Parent/ Guardian

 Date

PART II – Student Registration Information: Please Print

FULL NAME OF CHILD: _____

GRADE _____ **NASD BUILDING** _____

Does your child participate on a regular basis in classes at any other NASD Building? Yes No

If yes, please indicate the name of that building: _____

Does your child participate on a regular basis in afterschool activities or athletic programs in another NASD building or another NASD campus? Yes No

If yes, please indicate the name of that building: _____

 Name of custodial parent/guardian (contact person) to be notified

 Home Address City State Zip

 Phone Numbers

 Email Address:

 Physician: Phone:

FULL NAME OF CHILD: _____

GRADE _____ **NASD BUILDING** _____

Does your child participate on a regular basis in classes at any other NASD Building? Yes No

If yes, please indicate the name of that building: _____

Does your child participate on a regular basis in afterschool activities or athletic programs in another NASD building or another NASD campus? Yes No

If yes, please indicate the name of that building: _____

Name of custodial parent/guardian (contact person) to be notified

Home Address City State Zip

Phone Numbers

Email Address: _____

Physician: _____ Phone: _____

**To include additional names, please attach additional pages to this document.
Complete information is required for registration.**

PART III– Documentation of Program Criteria and Parameters

- I understand that phone registration is not accepted for this program.
- I understand that it is the intent of the North Allegheny School District to apply pesticides only as a last resort.
- I understand that there will be no official notification of pesticide application during summer break.
- I understand that when there is a need for emergency pesticide application, phone calls or emails will be used to contact persons with a 24-hour notice if possible.
- I understand that three days prior to regular pesticide application procedures, contact persons will be notified of the scheduled use and signs will be posted in the areas of application.
- I understand that it is my responsibility to notify the District of any changes in the registration information provided above.

Signature of custodial parent/guardian (contact person)

Date

This completed form should be kept in your building.

Pesticide Hypersensitivity Registration Information

What is the Pesticide Hypersensitivity Registry?

The Pennsylvania Department of Agriculture (PDA) maintains a registry of individuals hypersensitive to pesticides. It is a listing of locations for people who have been verified by a physician to be excessively or abnormally sensitive to pesticides. These hypersensitive individuals may request to have listings of their home, place of employment, school (if a student), and vacation home placed in the Registry. A person will not be considered included in the Registry unless their name appears in the current published Registry.

The Registry is distributed to all commercial and public pesticide businesses four times per year. The pesticide application businesses are required to notify any person in the most recent Registry if they will be making an outdoor above ground pesticide application within 500 feet of any listed location.

What are the Notifications Requirements?

Once you are listed in the Registry, pesticide businesses are required to make notifications to you 12 to 72 hours in advance of any covered typed of application that they may make within 500 feet of any location that you have listed in the Registry. The notification may be made by speaking to an adult through personal contact, by telephone contact, leaving a message on your answering device, by certified mail, by posting a notice on the front door at the listed location, or speaking to an adult at the alternate phone number you listed in the Registry.

The business must provide you their: business name; address; telephone number; the pesticide brand name and common name (if available); EPA Registration number of the pesticide; the location of the application; and the proposed date and time of the application. The proposed application time may not exceed a 24-hour period.

Remember: A listing in the Registry does not prevent the pesticide application from being made.

How Do You Have Your Name Listed in the Hypersensitivity Registry?

Obtain an application which is available online at: www.agriculture.state.pa.us/plantindustry, from your local pesticide business, or by contacting any PDA Office listed on the back). Make arrangements with someone to be your alternate contact point. This person must be willing to receive calls when applicators cannot contact you directly and forward the information on to you. Complete the application using your legal address as your primary residence, daytime, nighttime and alternate telephone numbers. **You must complete all required blocks or the application will be returned.**

See your Pennsylvania licensed physician to have Part II of the form completed and signed. You may also wish to discuss what protective measures you need to take to protect your health in the event an application is made near you. Review your application for completeness and return it to: PA Department of Agriculture, Bureau of Plant Industry, 2301 North Cameron Street, Harrisburg, PA 17110-9408.

Before your name appears in the Registry, the information as it will be published will be mailed to you for your review for completeness and accuracy and requires your final approval. Because the Registry is a public document, **the information you provide is considered public information.** By submitting the application for publication you are granting the Department the right to publish your information in printed or electronic media.

What Can I Do Until My Listing Appears in the Registry?

You can contact your neighbors, explain your situation and ask them to voluntarily notify you of applications they might make (the Registry only applies to applications made by commercial and public applicators, not to persons making pesticide applications to their own property). If they employ a pesticide application business, ask the name of the company, so you could **write** the business with a request to be notified pending the next publication of the Registry.

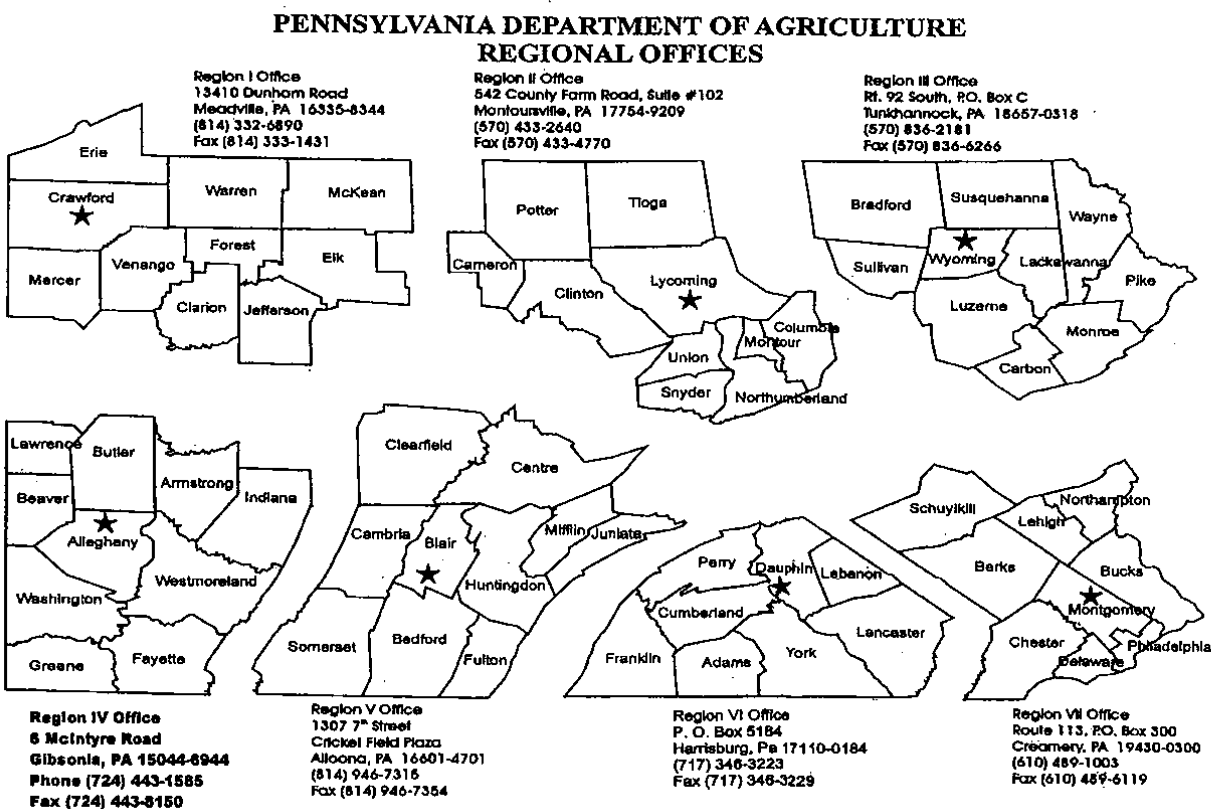
How Do You Stay Listed in the Registry?

Once a year, the PDA will mail you a renewal application. You must review the information for accuracy and completeness, sign and return the application to PDA. (You are **not** required to obtain a new medical verification for renewal). **Should you not return the renewal application; your information will be removed from the Registry.** Should your information listed in the Registry change during the year, you must notify PDA in writing of the changes to insure the accuracy in the next publication of the Registry.

What if I am not Notified of a Pesticide Application After My Listing is in the Registry?

Once your listing is in the Registry, should a commercial or public pesticide applicator make pesticide applications within 500 feet of your listing and fail to provide the required prior notification, we suggest the following:

Personally contact the applicator. Explain that you are listed in the Hypersensitivity Registry and need to be notified of pesticide applications. Contact the PDA Regional Office in your area and ask to speak to an Agronomics Products Inspector. They will record the information regarding your complaint and assist you in the appropriate manor. It is helpful if you can provide the company name and the "BU" number displayed on the side of the service vehicle along with the location of the application.



**Pennsylvania Department of Agriculture
Registry of Pesticide Hypersensitive Individuals
Application**



For Office Use Only

___ Initial Application (Parts I & II)

Directions: Part I & II of the application must be completed for the individual's name to be placed in the Registry. All information for each location you wish listed must be completed (all boxes) or the application will be returned. The "Alternate Telephone Number" is an individual willing to accept calls and forward information to you. Part II is not required for annual renewals.

Part I – To be completed by the Hypersensitive Individual ___ Renewal (Part 1 only)

I hereby request to have my name placed in the Pennsylvania Pesticide Hypersensitive Registry. I understand that the application information and the Hypersensitivity Registry are considered public documents and waive all rights to privacy pertaining to the information contained on this application or listed in the Pesticide Hypersensitivity Registry. I hereby give my permission to the Pennsylvania Department of Agriculture to publish this information and place it in full public view through printed and electronic media.

*Signature (Parent or legal guardian must sign for minor child) _____ *Date

Please Print or Type Information

*Name (Last)	(First)	(M.I.)	(Suffix)	Date of Birth ____/____/____	*Male ____ *Female ____
*A. Primary Residence (Home) (Must be a street address)				*Mailing address if different	
*City (Post Office)	*Municipality (Twp. Boro or City)		*State PA	*Zip + 4	
*County	*Telephone Numbers (Include Area Codes) (*Night) (*Day)		(*Alternate)		
E-mail Address (Optional)	* Denotes Required Information			GPS Location (office use)	

Please complete the following for secondary locations that you would like to have listed in the Registry. These locations are limited to: Vacation Home, School (where you are a student), and place of employment.

B. Secondary Location – Street Address for Vacation Home			City (Post Office)		
Municipality (Twp. Boro or City)	State PA	Zip + 4	County		
Your Telephone Numbers (if Different than A. above. Include Area Codes) (Day) (Night) (Alternate)			GPS Location (office use)		

The Medical Verification information on the back of this sheet must be completed for Initial applications only.

(Over)

(REV 5-03)

C. Secondary Location – Name and Street Address for School			City (Post Office)
Municipality (Twp. Boro or City)	State PA	Zip + 4	County
Your Telephone Numbers (If Different than A. above. Include Area Codes) (Day) (Night) (Alternate)			GPS Location (office use)

D. Secondary Location – Name and Street Address for Employer			City (Post Office)
Municipality (Twp. Boro or City)	State PA	Zip + 4	County
Your Telephone Numbers (If Different than A. above. Include Area Codes) (Day) (Night) (Alternate)			GPS Location (office use)

Part II – Medical Verification. (Medical verification information must be completed by a Pennsylvania licensed medical doctor and is only required for <u>initial</u> application only.)			
I certify that I am licensed to practice medicine in the Commonwealth of Pennsylvania and the above named individual is a patient of mine and has been evaluated as being hypersensitive to pesticide exposure thereto. I recommend that their name be placed in the registry of pesticide hypersensitive individuals.			
_____ <i>Physician's Signature</i>		_____ <i>Date</i>	
Please Print or Type Information			
Physician's Name (Last) (First) (M.I.) M.D/ D.O.			PA Medical License Number
Office Address: City, State, Zip Code			
Telephone			

Return the completed form to: PA Department of Agriculture
 Bureau of Plant Industry
 Division of Health and Safety
 2301 North Cameron St.
 Harrisburg, PA 17110-9408
 Phone 717-772-5231 Ext. 2