Emergency Form

Regional School Unit #4

971 Gardiner Road, Wales, Maine 04280
Tel: 207-375-4273/ Fax: 207-375-2522

Return to the Main Office or your Advisor!

PLEASE FILL OUT ENTIRELY. PRIOR YEARS ARE DESTROYED.

Student's Name:		**Grade:**	**Date of Birth:**
Mother or Guardian:	Home#	Cell#	Work#
Father or Guardian:	Home#	Cell#	Work#
Mother's Address		Father's Address	

Please list below other Relatives or Friends who maybe called if your child is ill and you cannot be reached:

Name:	Home	Work	Cell
Relationship:			
Name:	Home	Work	Cell
Relationship:			
Name:	Home	Work	Cell
Relationship:			
Persons who are **not** allowed to pick up child			
Court Documentation			

Children in Family- Name:	**Grade**	**School Attending**

Does your child have any of the following illnesses or conditions?

☐ ADD / ADHD	☐ asthma	☐ epilepsy	☐ arthritis
☐ dizziness / fainting spells	☐ hearing problems	☐ heart condition	☐ migraines
☐ Intestinal problems	☐ vision	☐ wears glasses / contacts	☐ medication allergies
☐ wears hearing aid	☐ bone problems	☐ food allergies	☐ medication allergies
☐ Inset sting allergy	☐ EpiPen required	☐ anxiety / depression	☐ Tourette's
☐ Kidney / urinary problems	☐ diabetes	Other: _____	

Provide explanation of any checked boxes: _____

_____

Is child exposed to tobacco smoke in the home on a regular basis? ☐ Yes ☐ No

MEDICATIONS: *(List ALL MEDICATIONS taken at home and school, including dosage and prescribing Doctor):* _____

_____

Medical Release / Permission:

I, _____, give permission for my child, _____ to be treated at ☐ CMMC ☐ St. Mary's ☐ Parkview (Brunswick) ☐ Mid Coast (Brunswick) in case of an emergency. It will be my responsibility to have him/her transferred to another facility if I choose.

Our regular doctor is:_____, Address _____ Telephone No.: _____

Dentist: _____, Address _____ Telephone No.: _____

I ☐ do ☐ do not, give the school nurse permission to contact my child's health care provider in order to obtain more detailed information as it relates to the safety, well-being and success of my child at school.

Note: **Your child will only be transported by rescue when it is an emergency and we are unable to reach you.**

I give permission for the school to give my child the following as needed:

Fluoride (K-5 only) ☐ Yes ☐ No **Non-asprin product** (Grades 5-12) ☐ Yes ☐ No **Tums** (calcium carbonate): ☐ One (9-12 only)

_____ _____

Parent / Guardian Signature **Date**

Effective only: School Year 2017-2018