

THE TASIS SCHOOL IN DORADO-2016

Medical Form: PHYSICAL EXAMINATION to be performed by a Licensed Physician. Puerto Rico State Law #235 requires that all immunization records be kept in the student's file. Please ask your doctor to fill in the PVAC-3 Form (the green form) and return it to School with this document.

Student's Name _____ Age: _____ Grade _____

Birth Date _____ Height _____ Weight _____

General Appearance: _____ Chest and Lungs _____

Eyes _____ Heart _____ Abdomen, Hernia _____

Vision with Glasses: R _____ L _____ Color Vision _____

Hearing: R _____ L _____

Extremities _____ Skin _____ Teeth and Gums _____

Posture, Gait, Spine _____ Coordination _____

Nutrition _____ Blood Pressure _____ Neurological _____

Scalp, Neck, Head _____ Ears _____ Nose _____

Physical and Emotional Challenges _____

Diagnosis and Recommendations _____

Recommended activity for physical education and sports: Full _____ Limited _____

If Limited, Please Explain _____

Physician: _____ License No.: _____

Date: _____



**EMERGENCY HOME CONTACT FORM
FOR ACADEMIC YEAR 2016-17**

Student Name: _____ Grade _____

Sex _____ Age _____ Birthdate _____

Home Address _____

City _____ State _____ Zip Code _____ Home Telephone _____

Does child live with both parents? _____ mother? _____ father? _____ guardian? _____

Father/Guardian _____ School Hours Telephone No. _____

Mother/Guardian _____ School Hours Telephone No. _____

If unable to reach parents in case of emergency, please call Emergency Contact Person:

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

List all childhood diseases, allergies, operations, and /or other illness:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

List any and all medical restrictions or conditions:

Important medication child is on _____

Important Medication that should be at school with child for this condition:

Information school should know:



Permission for Over –The – Counter Medications

When students are ill, it is often deemed wise to provide them with over-the-counter medication for symptom relief . At TASIS Dorado, the Registered Nurse will decide which medications are indicated and can administer over-the-counter medications to your child. Occasionally , main office administrators will administer over-the-counter medications to students after consulting with the Registered Nurse. If there are any medications that you do not wish your child to have, please follow the instructions below.

Medications needed at the moment will be provided to your child. If your child requires long term use of an over-the-counter medication or any specific prescription medication parents need to provide them to the Registered Nurse Health Office with the required forms. As clearly stated in the TASIS Dorado policy , no medication may be kept in the student’s classrooms or backpacks , unless authorized by the School Nurse. This form is only for the medications listed below and will only be administered per manufacturer’s recommended dosing.

Student Name

Date of Birth

Parent Name

All Over-the-Counter Medications Below

No Over-the-Counter Medications Below

Or indicate which medications may be administered by checking below:

Tylenol/Acetaminophen

Dimettap Cold & Allergy

Advil/ Ibuprofen

Cough Syrup

Claritin/Loratadine

Tums

Benadryl Liquid or tabs

Cough Drops/Halls

Cold Tylenol/Cold Relief

Antibiotic Ointment

Pepto Bismol

Hydrocortisone / Benadryl Cream

I give permission for the School Nurse to dispense the above checked medicine(s) to my child:

Parent Signature

Date



**STUDENT DISMISSAL FORM
FOR ACADEMIC YEAR 2016-17**

Student Name: _____ Grade: _____

Home Address: _____

Postal Address: _____

Main Email Address: _____

Home Telephone: _____

Contact Person for Pick Up Information:

Mother or Guardian's Name: _____ Cellular: _____

Father or Guardian's Name: _____ Cellular: _____

Please indicate the names and telephone number(s) of the person(s) who is/are authorized to pick up your youngster at school at any time during school hours or at the end of the day. If you need more space, continue on the back of this page:

Name:	Telephone or Cel. Phone:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Signature of Parent or Guardian: _____ Date: _____

TASIS DORADO STUDENT DIRECTORY INFORMATION

TASIS Dorado publishes a Student Directory each semester. It is distributed only to our faculty and families of the school and is **for personal use only**. It is sent to all families and teachers electronically, as a pdf, and printed copies are available for purchase for \$5 each.

Please print your information just as you would like it to appear in the TASIS Dorado School Directory. Fill in one form per last name, and print clearly to help us avoid making errors! Return the form to any of the offices. Email corrections or updates to casanova.j@tasisdorado.com.

If there is information that you do not wish to have published, leave those portions blank. Be careful to write your child's name and last name or names exactly as you want them to appear in the directory.

<u>Student Last Name(s)</u>	<u>Student First Name(s)</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Home Address</u>	<u>Home Phone Number</u>
_____	_____
_____	<u>Email Address</u>
_____	_____

<u>Parent/Guardian Names</u>	<u>Cellular Phone</u>	<u>Business Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We publish business cards and ads at the back of the directory. The cost is \$10 for a business card or \$30 for a full page ad (5" x 8"). Please include your business card and a check payable to TASIS Dorado.

I hereby authorize the publication of our family contact information in the TASIS Dorado Student Directory, as listed above, in **every issue** of the Student Directory while my child/children are enrolled. I will update my information with casanova.j@tasisdorado.com as necessary.

_____	_____	_____
Signature of Parent/Guardian	Print Name	Date



TASIS Dorado Parents – E-mail Addresses

TASIS Dorado is providing for parents announcements, newsletters, calendar information, notices from the business office and other pertinent school information using the electronic media. Parents of TASIS Dorado students are invited to provide their email addresses for these purposes. With these addresses we will create private school directory which will only be available to TASIS Dorado personnel for official school business. Please return this completed form to the TASIS Dorado Admissions and Development Office by August 2016.

Name of Student/s:

Grade

- 1) _____
- 2) _____
- 3) _____
- 4) _____

NO CHANGES

E-mail address for general school information:

- 1) _____
- 2) _____

E-mail address for mailing business office communications

- 1) _____

Phone Number _____
(in case e-mail is returned)

Thank you.

emailf0711jc