



**STUDENT DISMISSAL FORM  
FOR ACADEMIC YEAR 2017-18**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

Main Email Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**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:**

<b>Name:</b>	<b>Telephone or Cell Phone:</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**EMERGENCY HOME CONTACT FORM  
FOR ACADEMIC YEAR 2017-18**

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:

\_\_\_\_\_

# THE TASIS SCHOOL IN DORADO-2017

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: \_\_\_\_\_



## **PERMISSION FOR OVER -THE - COUNTER MEDICATIONS FOR ACADEMIC YEAR 2017-18**

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