



MAS Integrated School, MASIS Inc.  
PO Box 174  
Añasco, Puerto Rico 00610

## First Aid Release Form

We hereby request your authorization for the school personnel to give First Aid assistance or take any necessary measures for the treatment and care of your child(ren) in case of an emergency, and/or the administration of prescribed medication (necessary for those students with special conditions during school hours) and non-prescribed medication such as Acetaminophen, Ibuprofen, diphenhydramine, antacids antibiotic creams and over-the-counter products.

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

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday (month, day, year): \_\_\_\_\_

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

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work telephone ( ) \_\_\_\_\_ Work telephone ( ) \_\_\_\_\_

### Emergency contacts (if unable to reach parents)

Emergency contact name	Relationship	Phone Numbers
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(1) _____	_____	_____
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(2) _____	_____	_____
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### List all childhood diseases, allergies, operations and other illnesses

(1) _____	(3) _____	(5) _____
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(2) _____	(4) _____	(6) _____
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### List all medical restrictions/conditions

Important medication child is on \_\_\_\_\_

Important medication that should be at school with child for this allergy, convulsions, etc. \_\_\_\_\_

Wear braces, glasses, etc.: \_\_\_\_\_

Information school should know: \_\_\_\_\_

It is understood and agreed that neither MASIS, nor any of its administrative officers or faculty shall be liable in any way for such services.

\_\_\_\_\_  
Parent / Legal guardian's Signature

\_\_\_\_\_  
Date



[www.masispr.org](http://www.masispr.org)



787-826-8822



787-826-8026



[masinfo@masispr.org](mailto:masinfo@masispr.org)

MAS Integrated School, MASIS, no discrimina de ninguna manera por razón de edad, raza, color, sexo, nacimiento, condición de veterano, ideología política o religiosa, origen o condición social, orientación sexual o identidad de género, discapacidad o impedimento físico o mental; ni por ser víctima de violencia doméstica, agresión sexual o acoso.

Administrator Food and Nutrition Services U.S. D.A. 1400 Independence Avenue, SW Washington DC 20250-9410

REV. June 2021/ MAS