



MAS Integrated School, MASIS Inc.
 4524 Biancas Convention Center Suite #5
 Añasco, Puerto Rico 00610-9684
 Web site: www.masispr.org
 Tel: 787-826-8822/ Fax: 787-826-8026

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 condition 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 () _____

Home telephone () _____

Home telephone () _____

Emergency contact (If unable to reach parents)

Emergency contact name	Relationship	Phone Numbers
(1) _____	_____	_____
(2) _____	_____	_____

To be completed by parent or Guardian

List all childhood diseases, allergies, operations and other illness

(1) _____ (3) _____

(2) _____ (4) _____

List any and all medical restrictions or conditions

Important medication child is on _____

Important medication that should be at school with child for this particular 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