



MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 45

Ricky Bragg
Principal
rbragg@msad45.net

Office of the School Nurse, Christine McPherson, RN, BSN, CHES
22 School Street WASHBURN, ME 04786

Ron Ericson
Assistant Principal
rericson@msad45.net

TELEPHONE: (207) 455-4505

Andrea Hallett
Guidance Counselor
ahallett@msad45.net

Name of Child: _____

Home Phone: _____

Birth Date: _____ Age: _____ Grade: _____

Mailing Address: _____

Parent Work Number: _____

Cell Phone Number: _____

Emergency Contact Name : _____ Phone: _____

Does your child have any of the following health conditions?

Asthma Bee Sting Allergy Kidney/Bladder
Deafness Heart Diabetes Seizures

Chronic Illness (Specify) _____

Does your child bring any of the following medical equipment to school?

Epi-Pen Rescue Inhaler Blood Sugar Test Kit Insulin

Allergies and Side Effects _____

Has your child had any immunizations in the past year? _____

If so, list date and type of immunizations

Does your child have any new glasses or contact lenses? _____ Date: _____

Family Physician _____ Permission to contact

Does your child take medication regularly? _____

Name of medication: _____

How often each day? _____ Dosage? _____

For what condition? _____

Will med be given at school?

NOTE: Any medication given at school must be brought in its original container. A note from the doctor or a copy of the prescription is needed for any prescription medication. A written consent from the parent/guardian AND THE PHYSICIAN is needed for any non-prescription medications to be given on a regular basis at school. No homeopathic or herbal medications will be allowed at school. Students will not be allowed to carry their own medications, inhalers, epi-pens, or over the counter medications without clearance from the school nurse. Please call or see the school nurse before sending any medications to school. (455-4505)

Parent/Guardian Signature

Date