

Regional School Unit 57  
86 West Road  
Waterboro, Maine 04087  
247-3221

**Emergency Treatment in Case of Accident or Other Emergency**

In the event I am unavailable, **I hereby request and grant permission** for first aid and/or emergency treatment to be given to my son/daughter by nurse, first aid personnel, physician and or hospital out-patient department.

I am to be **notified** as soon as possible; however, I do not wish treatment to be delayed.

Child's Name: \_\_\_\_\_

Regular Doctor is: \_\_\_\_\_ Telephone: \_\_\_\_\_

Regular Hospital is: \_\_\_\_\_ Telephone: \_\_\_\_\_

Orthopedic Doctor is: \_\_\_\_\_ Telephone: \_\_\_\_\_

Allergic to medications: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work no. \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian's signature

\_\_\_\_\_  
Date

Please check if there is a health problem with any of the following:

Epilepsy      Kidney      Intestinal      Hearing      Sight      Diabetes      Heart

Asthma      Allergies \_\_\_\_\_  
(bees, hornets, wasp sting, other)

If there are any other problems that the school should know about, please note them here: (Ex. Medication, recent surgery, under doctor's care, Etc.) \_\_\_\_\_

\_\_\_\_\_