



Freetown-Lakeville Regional Schools Health and Emergency Contact Information

All students admitted into the Freetown-Lakeville Regional Schools must be in complete compliance with the Massachusetts Immunization Law. Please complete this form, sign, and return with student registration packet.

Student Information		
Student Last Name	Student First Name	Student Full Middle Name

Address #	Street	Town	Zip Code
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	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth (MM/DD/YY)	Gender (Please Select)	Grade

Information Guardian #1			
Guardian #1 Full Name	Address	Home Phone	Cell Phone

Email Address	Occupation/Place of Employment	Work Phone
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Information Guardian #2			
Guardian #1 Full Name	Address	Home Phone	Cell Phone

Email Address	Occupation/Place of Employment	Work Phone
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Name of Student's Primary Health Care Provider	Phone Number	
Name of Student's Dentist	Phone Number	

Please list those other adults who have agreed to care for and/or transport your child in the event that the parent or guardian cannot be reached. Siblings must be listed if they are allowed to transport the child.

Name:	Relationship:	Phone Number:

PLEASE COMPLETE REVERSE SIDE

Does your child have any known food/substance allergies? Allergic to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Local reaction <input type="checkbox"/> Breathing Problem/ Life Threatening Reaction	Prescribed treatment?
Does your child have any know allergies to medication ? Allergic to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Local reaction <input type="checkbox"/> Breathing Problem/ Life Threatening Reaction	Prescribed treatment?
Does your child have any known insect allergies? Allergic to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Local reaction <input type="checkbox"/> Breathing Problem/ Life Threatening Reaction	Prescribed treatment?

Does your child have any medical concerns or is he/she under the care of a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:
Does your child have any disabilities (i.e. hearing loss, vision problems, orthopedic devices, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:
Does your child need any medication during the school day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:
Does your child need an inhaler during the school day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:

Medications (including “over the counter” medications like Tylenol) will not be given to any student until a written order from a licensed physician and a consent form signed by the parent/guardian is on file with the school nurse. Students must not carry any type of oral medication at school or on the bus. Inhalers may be carried by the child only if approved by the physician, parent, and school nurse.

I give the Freetown-Lakeville Regional Schools permission to share this information with appropriate school or emergency personnel.

Signature of Parent/Guardian	Today's Date

Acknowledgement of Handbook Receipt

I have read the Apponequet Regional High School Student Handbook for the 2018-2019 school year. Each student received a copy of this handbook during Advisory. The Student Handbook is also located on the high school website – <http://www.freelake.org>

I understand that the handbook contains information that my child and I may need during the school year including the Athletic Handbook.

I also understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in this handbook.

I specifically understand the Acceptable Use Policy and the Hazing Policy found on Page 77 and Page 62, respectively.

I also understand that the locker issued to me is school property; and while I can expect privacy, the school may with reasonable grounds search individual lockers and with reasonable cause may search my person and automobile on school property.

Name of Student: _____

Signature of Student: _____

Date: _____

Signature of Parent/Guardian: _____