

# Douglas Primary School

17 Gleason Court, Douglas, MA 01516 (508) 476-2154 FAX (508) 476-4041 [www.douglasps.net](http://www.douglasps.net)

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Paul D. Vieira, Ed.D., Superintendent of Schools  
Cindy Socha, Principal

Welcome to Douglas!

Please complete the attached forms and return them in person to the Douglas Primary School office.

The attached forms include:

- Student Registration Form
- Health Office Emergency Information
- Residency Affidavit
- Integrity Call Notification Data Sheet

In addition to the attached forms, you must also bring with you an original birth certificate, proof of residency and most recent physical and immunization records to the school when you officially register your student.

Thank you.

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**Guardian/Custodial Information:**

Parent/Guardian- 1

Parent/Guardian- 2

Relationship to Student		
Name: Last, First		
Title: Mr., Mrs., Ms., Dr., etc.		
House #		
Street		
Apartment #		
City, State, Zip		
PO Box #		
City, State, Zip		
Phone #1	home/cell/work	home/cell/work
Phone #2	home/cell/work	home/cell/work
Work Place		
Email		

Please check all that apply:

Has custody of student\*       Has custody of student\*

Lives with student       Lives with student

Should receive mailings       Should receive mailings

\*If sole custody, please provide office with original agreement

Legal restrictions in place regarding non-custodial parent  Yes  No

**Other children residing with enrolling student:**

Name	Relationship to Student	Date of Birth	School/Grade

**Emergency Contacts:**

Name: Last, First		Phone #1	home/cell/work
Relationship to Student		Phone #2	home/cell/work
Can dismiss student?	Yes No		
Can receive student?	Yes No		

Name: Last, First		Phone #1	home/cell/work
Relationship to Student		Phone #2	home/cell/work
Can dismiss student?	Yes No		
Can receive student?	Yes No		

Name: Last, First		Phone #1	home/cell/work
Relationship to Student		Phone #2	home/cell/work
Can dismiss student?	Yes No		
Can receive student?	Yes No		

\*Please note: Anyone picking up your child must do so at the school office and show a photo ID.

# Douglas Public Schools Health Office

## NURSE EMERGENCY FORM

### STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Home Address Street: \_\_\_\_\_ P.O. Box/Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

*If a parent/guardian cannot be reached please list emergency contacts who can be called to pick up your child:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### MEDICAL INFORMATION

Student Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

(OVER)



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Medical Condition Alerts and Their Treatments:**

*(i.e. allergies, seizure disorder, Diabetes, asthma, migraines, etc.)*

1. Condition: \_\_\_\_\_

Treatment: \_\_\_\_\_

2. Condition: \_\_\_\_\_

Treatment: \_\_\_\_\_

3. Condition: \_\_\_\_\_

Treatment: \_\_\_\_\_

**Sharing Medical Information**

- I give permission for the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.
- I give permission for the school nurse to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for Over the Counter Medications**

Please note that medications may be given only once during the school day. The school nurse may use first aid treatments including topical ointments like calamine lotion and hydrocortisone for allergic rashes and insect bites, Orajel for toothaches, antibiotic ointments to prevent possible wound infections, burn ointment for minor burns and cough drops for minor throat irritation. There will also be the usage of alcohol-based hand foam rub for students.

My child has permission to take the following medication:

*(For grades PreK-5: the school nurse will contact a parent/guardian for permission prior to medicating their child)*

- Tylenol (acetaminophen)
- Motrin (ibuprofen)
- Tums (antacids)
- Cough drops

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Douglas Public Schools Health Office

## STUDENT HEALTH PROFILE

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

A. Has your child had any of the following diseases?

Chickenpox	Yes	No
Meningitis	Yes	No
Pneumonia	Yes	No

B. Does your child currently have any of the following?

ADD/ADHD	Yes	No
Anxiety	Yes	No
Asthma	Yes	No
Autism Spectrum Disorder	Yes	No
Depression	Yes	No
Diabetes	Yes	No
Deafness	Yes	No
Fainting	Yes	No
Heart problems	Yes	No
Seizures	Yes	No
Migraine Headaches	Yes	No
Scoliosis	Yes	No
Vision impairment	Yes	No

C. Has your child had any operations?

Appendix	Yes	No
Hernia	Yes	No
Tonsil/Adenoids	Yes	No
Other	Yes	No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D. Has your child had any of the following?

Broken bone	Yes	No
Serious accident	Yes	No
Concussion	Yes	No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E. Has your child been hospitalized for any other reason?

Yes	No
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If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(OVER)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

F. Does your child have any allergies?

- Bee stings                      Yes      No
- Food                                Yes      No
- Insect bites                    Yes      No
- Medication                      Yes      No
- Seasonal allergies            Yes      No
- Other                                Yes      No

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Does your child require medication for an allergic reaction\*\*?

- Epi-pen                            Yes      No
- Benadryl                         Yes      No
- Other                                Yes      No

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*If Yes to any of the above, a doctor's order is required to be turned in to the Health Office\*\***

H. Does your child use any of the following?

- Eyeglasses/contact lenses Yes      No
- Hearing aid                        Yes      No
- Wheelchair                        Yes      No
- Other                                Yes      No

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Can your child participate in all school activities?                      Yes      No

If no, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Does your child take medication during the school day\*\*?                      Yes      No

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*If Yes to the above, a doctor's order is required to be turned in to the Health Office\*\***

**\*\*PLEASE KEEP FOR YOUR RECORDS\*\***

**DOUGLAS PUBLIC SCHOOLS**  
**SCHOOL HEALTH OFFICES**

**SCHOOL NURSES**

Douglas Primary School

Jennifer Walker

Email: [jwalker@douglasps.net](mailto:jwalker@douglasps.net)

Phone: 508-476-2154, Fax: 508-476-4041

Douglas Elementary School

Melanie Brundage

Email: [mbrundage@douglasps.net](mailto:mbrundage@douglasps.net)

Phone: 508-476-4200 (option 5), Fax: 508-476-2582

Douglas Middle School

School Nurse Leader

Kathleen Campbell

Email: [kcampbell@douglasps.net](mailto:kcampbell@douglasps.net)

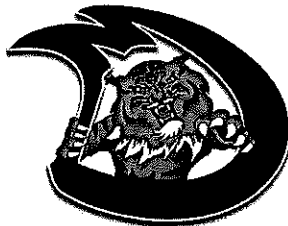
Phone: 508-476-3332 (option 5), Fax: 508-476-4036

Douglas High School

Melanie Gaucher

Email: [mgaucher@douglasps.net](mailto:mgaucher@douglasps.net)

Phone: 508-476-4123, Fax: 508-476-7386







# Douglas Public Schools

21 Davis Street, Douglas, MA 01516 (508) 476-7901 FAX (508) 476-3719 www.douglasps.net

Paul D. Vieira, Ed.D., Superintendent

John Calabresi, Director of Technology

Cortney Keegan, Business & Operations Manager

Cindy Socha, Curriculum Director

Tara Sobaleski, Director of Special Education & of Student Support Services

## RESIDENCY AFFIDAVIT

This is to certify that I \_\_\_\_\_ and my child

Parent/Guardian Name

\_\_\_\_\_ are residing at

Child's Name

\_\_\_\_\_ in Douglas, Massachusetts.

Street Address

I fully understand that a parent/guardian is not allowed to use an address in Douglas for the purpose of enrolling children within the Douglas Public Schools. My signature certifies that all of the above information is legal, and I understand that if perjury is committed, not only will my child be compelled to leave Douglas Public Schools, but I will be assessed the Douglas per pupil expenditure rate for each day that my child has been in attendance.

Evidence of Residency

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Douglas Public Schools Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information		
First Name _____	Middle Name _____	Last Name _____
		Gender F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____
School Information		
Start Date in New School (mm/dd/yyyy) _____	Name of Former School and Town _____	Current Grade _____
Questions for Parents/Guardians		
What is the primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
What language did your child first understand and speak? _____	Which language do you use most with your child? _____	
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	
Parent/Guardian Signature: X _____	Today's Date: _____ / _____ / 20____ (mm/dd/yyyy)	