



THE MAINE EDUCATIONAL CENTER FOR THE DEAF AND HARD OF HEARING

THE GOVERNOR BAXTER SCHOOL FOR THE DEAF

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Summer 2013

Hello from GBSD Health Center!

We're very excited to have you and your child joining us this fall and we hope that you are all having a great summer! This packet is meant to help us all get off to a healthy start to the school year.

FORMS:

- GBSD HEALTH FORM to be filled out and signed by parent/guardian.
- DOCTOR'S ORDER/PRESCRIPTION MEDICATION PERMISSION FORM to be filled out and SIGNED by doctor and parent/guardian EVERY SCHOOL YEAR. Use additional copies for EACH medication that your child will take at school.
- OVER THE COUNTER MEDICATION PERMISSION FORM

Please take the time to complete these forms carefully.

IMMUNIZATION: (example below required by Kindergarten age)

If your child is new to GBSD this fall we need a record of all immunizations that they have received.

2 MMR

4OPV

5DPT

3 Hep B

1 Varicella (chicken pox) or proof of previous illness

If your child is returning to GBSD, we need documentation of any immunizations received since last fall.

IMPORTANT:

PLEASE keep emergency cell PHONES ON WHEN YOUR CHILD IS AT SCHOOL for immediate contact if needed. When a child is sick or injured it is important that the parents are able to be reached.

ALL FORMS MUST BE COMPLETE BEFORE YOUR CHILD CAN START THE SCHOOL YEAR.

Thank you !

Health Center