



Liceo Aguadillano, Inc.

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STUDENT HEALTH RECORD 2025-2026

Student Name: _____

Grade: _____

Our institution provides First Aid services. Every student enrolled at the Liceo Aguadillano who has a situation that requires first aid services, during the school period and on the premises of our institution, must first register the incident with the staff of the First Aid Office. Once the incident is recorded, the people you indicated in case of emergencies will be notified. The First Aid Office staff is not authorized to provide medication without the written authorization of the parent or legal guardian. In cases of prolonged absences due to illness, the student is required to present a Return to School Certificate authorized by his or her doctor, which must be presented to the First Aid Office. Those students who, during the school year, present a viral illness certified by their doctor, must remain at home and avoid infecting other students and staff. It is a requirement of the Department of Health, Vaccination Program, that all students enrolled in school present the PVAC3 (green sheet) with their vaccines and boosters up to date. This document is Law and non-compliance results in fines and referrals to government agencies. The PVAC3 must be submitted to the administration office before the start of the school semester. In the case of students who require special diets, they must contact the School Dining Program Supervisor of the institution for proper guidance and processing of required documents.

EMERGENCY CONTACTS				
	Relation	Name	Primary Phone No.	Secondary Phone No.
1.	Father			
2.	Mother			
3.	Grandparent			
4.	Uncle (Aunt)			
5.	Neighbor			
6.	Friend			
7.				

INDICATE IF YOUR CHILD SUFFERS FROM:

	SI	NO		SI	NO
HEMORRHAGES	_____	_____	ESPECIAL DIET	_____	_____
HYPOGLYCEMIA	_____	_____	EPILEPSIA	_____	_____
ALERGIES	_____	_____	VISION	_____	_____
DIABETES	_____	_____	ASTHMA	_____	_____
CARDIO	_____	_____			

Primary Physician: _____

Phone Number: _____

I authorize the administration of the following medication authorized by the primary/family doctor (please visit the First Aid Office):

Please indicate if you authorize your child to participate in activities related to physical education:

Yes ____ No ____

Signature Father/Mother/Tutor: _____

Date: _____