GREATER LOWELL TECHNICAL HIGH SCHOOL EMERGENCY INFORMATION 2023-2024

TO BE COMPLETED BY LEGAL PARENTS/GUARDIANS: Legal Parent/Guardian: ☐ Both Parents ☐ Father ☐ Mother ☐ 0 ther_____ □ Both Parents □ Father □ Mother □ Other Student Lives with: In case of an emergency during school hours, it is necessary to contact parents/guardians in order to provide doctors and/or hospitals permission to treat minors in emergency situations. It is of the utmost importance that you notify us immediately of any address or telephone number changes. Please Print STUDENT NAME: ____ ____ GRADE: ____ First ADDRESS: _ Number Street City/Town Zip Code HOME TELEPHONE # ____ CELL PHONE# STUDENT'S BIRTH DATE: Month: ____ Day: ____ Year: ____ PLACE OF BIRTH: _____ FATHER/GUARDIAN FULL NAME: PLACE OF WORK: WORK TELEPHONE NUMBER: Area Code Number Ext. FATHER'S PRIMARY LANGUAGE: __ Would you prefer communication in a language other than English? ☐ Yes, if yes, please indicate language _____ □ No MOTHER/GUARDIAN <u>FULL NAME</u>: PLACE OF WORK: WORK TELEPHONE NUMBER: Area Code ____ Number ____ Ext. ____ MOTHER'S PRIMARY LANGUAGE: Would you prefer communication in a language other than English? □ No ☐ Yes, if yes, please indicate language STUDENT'S HEALTH INSURANCE COMPANY: STUDENT'S HEALTH INSURANCE CERTIFICATE NUMBER: NAME OF STUDENT'S PHYSICIAN: ______ TELEPHONE #____ DO YOU GRANT PERMISSION TO NOTIFY TEACHERS OF ANY MEDICAL CONDITION? Yes No □ DOES STUDENT REQUIRE AN EPI-PEN? Yes □ No ☐ IF YES, PARENT MUST PROVIDE THE EPI-PEN TO THE SCHOOL.

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□ No □ Yes If yes, please explain _		IND OR ALLERGIES?
DOES STUDENT HAVE A DISABILITY?	Yes □	No □
If yes, please explain:		
☐ IEP (Individual Education Plan)	□ 504 Plan	
IS THE STUDENT ON ANY MEDICATION?	Yes □	No □
If yes, please state type of medication		
If yes, will it be taken during school hours	? Yes □	No □
I GIVE THE SCHOOL NURSE PERMISSION TO ADMINISTER TO MY CHILD:		
TYLENOL Yes □ No □ (325mg, 2 tabs)	COUGH DROPS	Yes □ No □
IBUPROFEN Yes □ No □ (200mg 1-2 tabs)	ANTACID (Tums, for upset stoma	Yes □ No □ ch)
If neither parent can be located in the event of an are listed as authorized to dismiss your son/daugh with any changes by September 15, 2023. THE FHOURS.	nter. Please review that list	t and notify Annie Sloan (<u>asloan@gltech.org</u>)
IT IS THE RESPONSIBILITY OF THE PARENTS OR INJURED CHILD. ANY ILLNESS OR INJUR RESPONSIBILITY OF THE SCHOOL NURSES A	Y OCCURRING AT HOME	IS NOT THE
School nurses are at the school for illnesses occuresponsible for initial first aid treatment and not for		rs and school injuries only. They are
IF THE STUDENT NEEDS TO BE TRANSPORTE NEAREST HOSPITAL, LOWELL GENERAL HOS	•	EY WILL BE TRANSPORTED TO THE
PARENT/GUARDIAN SIGNATURE:		DATE: