GREATER LOWELL TECHNICAL HIGH SCHOOL EMERGENCY INFORMATION 2025-2026

2025-2026 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:

NAME OF STUDENT'S PHYSICIAN: _____ TELEPHONE #_____

DO YOU GRANT PERMISSION TO NOTIFY TEACHERS OF ANY MEDICAL CONDITION? Yes \(\sigma \) No \(\sigma \)

STUDENT'S HEALTH INSURANCE CERTIFICATE NUMBER:

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 _		AND 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 □ ach)
If neither parent can be located in the event of an eare listed as authorized to dismiss your son/daught with any changes by September 15, 2025. THE PIHOURS.	er. Please review that lis	t and notify Annie Sloan (<u>asloan@gltech.org</u>)
IT IS THE RESPONSIBILITY OF THE PARENTS/OR INJURED CHILD. ANY ILLNESS OR INJURY RESPONSIBILITY OF THE SCHOOL NURSES A	OCCURRING AT HOMI	E IS NOT THE
School nurses are at the school for illnesses occurresponsible for initial first aid treatment and not for	ring during the school hou follow-up treatment.	urs and school injuries only. They are
IF THE STUDENT NEEDS TO BE TRANSPORTE NEAREST HOSPITAL, LOWELL GENERAL HOSP		EY WILL BE TRANSPORTED TO THE
PARENT/GUARDIAN SIGNATURE:		DATF: