



DOES STUDENT HAVE ANY PHYSICAL OR PSYCHOLOGICAL ISSUES AND OR ALLERGIES?

☐ No ☐ Yes If yes, please explain _____

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 Yes ☐ No ☐
(Tums, for upset stomach)

If neither parent can be located in the event of an emergency, we will utilize our Aspen X2 Database to locate contacts that are listed as authorized to dismiss your son/daughter. Please review that list and notify Annie Sloan (asloan@gltech.org) with any changes by September 15, 2025. **THE PEOPLE YOU CHOOSE MUST BE AVAILABLE DURING SCHOOL HOURS.**

IT IS THE RESPONSIBILITY OF THE PARENTS/GUARDIANS TO PROVIDE TRANSPORTATION FOR THEIR SICK OR INJURED CHILD. ANY ILLNESS OR INJURY OCCURRING AT HOME IS NOT THE RESPONSIBILITY OF THE SCHOOL NURSES AND SHOULD BE TAKEN CARE OF BY THE PARENTS/GUARDIANS.

School nurses are at the school for illnesses occurring during the school hours and school injuries only. They are responsible for initial first aid treatment and not for follow-up treatment.

IF THE STUDENT NEEDS TO BE TRANSPORTED VIA AMBULANCE, THEY WILL BE TRANSPORTED TO THE NEAREST HOSPITAL, LOWELL GENERAL HOSPITAL.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____