

Lowell Public Schools
MEDICAL EMERGENCY FORM
(Return to School Nurse)

Grade: _____

Homeroom: _____

Student: _____ Date of Birth: _____ Gender: M / F

Address: _____ Home Phone #: _____

Parent/ Guardian Information

Parent/ Guardian #1 Name: _____ Parent/Guardian #2 Name: _____

Parent/ Guardian #1 Cell: _____ Parent/Guardian #2 Cell: _____

Parent/Guardian #1 Work#: _____ Parent/Guardian #2 Work#: _____

Parent #1 Preferred Phone Language: _____ Parent #2 Preferred Phone Language: _____

If parent/guardian is not available, list two local adults to be contacted in case of illness or emergency, and are authorized to pick up your child: (REQUIRED)

Name: _____ Cell: _____ Relation: _____

Name: _____ Cell: _____ Relation: _____

Student Current Health Information

Allergies (list all): _____ Is an EpiPen prescribed? Yes ☐ No ☐

Check all current health conditions that apply - Please provide medical documentation of diagnoses to the school nurse

☐ ADHD	☐ Diabetes	☐ Lactose Intolerance
☐ Anxiety	☐ Eyeglasses/ Contacts	☐ Migraines
☐ Asthma	☐ Heart Condition	☐ Seizures
☐ Autism	☐ Hearing Problem	☐ Sickle Cell
☐ Depression	☐ Hearing Aids Left ☐ Right ☐	☐ Other (please describe below)

Additional Comments/ Notes:

Medications: Please list medications your child takes at home (continue on back if needed)

Medication: _____ Dose: _____ Time of Day: _____

Medication: _____ Dose: _____ Time of Day: _____

Medication: _____ Dose: _____ Time of Day: _____

Student's Physician: _____ Telephone # _____

Does your child have health insurance? Yes ☐ No ☐ Mass Health? Yes ☐ No ☐

- I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel as needed to meet my child's health and safety needs.
- In case of an emergency, your child will be transported to the hospital by EMS.
- I hereby authorize the school nurse to contact my child's physician if necessary.
- I have reviewed and agree to the School Health Parent Guide in the Student/ Parent Handbook available at <https://www.lowell.k12.ma.us/departments/office-of-student-support-services/handbooks>.

Reviewed by RN
_____ (initials)
_____ (date)

Parent/Guardian Signature: _____ Date: _____