

Parent/Guardian & Student Signature Page

The Parent/Student Handbook is available on-line at: <http://www.lowell.k12.ma.us>
By signing below, I acknowledge I have accessed the school handbook, and I acknowledge that my child is responsible for adhering to these policies and may face consequences for failing to comply.

Student's Name (Print): _____

ID Number: _____

Parent/Guardian Name: _____

Address: _____

Apt. # _____

Zip Code: _____

Home Phone Number: _____

Work Number: _____ Cell Phone: _____

Emergency Phone Number: _____

Emergency Contact Name: _____

Relationship: (i.e. grandparent, uncle, friend, etc.) _____

Indicate if emergency contact can pick up student: ____ Yes ____ No

Parent Email Address: _____

Would you prefer letters and documents sent via : ____ Postal Service ____ Email

I do not have access to the on-line version of the handbook. I request a hardcopy.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

To be filled out by office only with copy kept on file.

_____ Date hardcopy provided to parent/guardian.

Student Information, Photo and Video Release

Dear Parent/Guardian:

Throughout the course of the school year, Lowell High School honors the various achievements of our students. The student information may include student's name, a description of the actual achievement and/or award academic or athletic, the student's grade level, academic test score, photograph(s) and video(s), student work, etc. This is not an exhaustive listing.

In addition, during school events images of students may be displayed, photographed and/or video recorded. This student information may be published, displayed and/or duplicated and/or released to the media (including but not limited to newspapers, cable/television and internet) for public display and/or published/used in school/district newspapers, on school/district websites and/or by other third parties.

Pursuant to Massachusetts Department of Education regulation 603 CMR 23.00, we are limited in what information we can share regarding your child's achievements, without first obtaining both you and your child's written consent.

By signing this release and checking the "Yes Box" below, you the parent/legal guardian and/or the student (if student is his/her own legal guardian or emancipated) acknowledge that you and/or the student have the legal right to sign this release. You and/or the student also acknowledge that you and/or the student have the legal right to grant the Lowell Public Schools or its employees or agents the authority to release the student's information. In addition, by signing below you and/or the student acknowledge that you and/or the student have knowingly and voluntarily agreed to allow the Lowell Public Schools or its employees or agents to release the student's information

By signing this release and checking the "Yes Box" below, you and/or the student also agree to release and discharge the Lowell Public Schools and/or its employees and/or agents and the City of Lowell from any and all liability or claims of liability or claims of harm of any kind, both in law and in equity that may arise from the release of the student's information and/or its misuse either intentionally or otherwise by any third party or other person or persons. Specifically as to photos and videos you and/or student also release and discharge the Lowell Public Schools and/or its employees and/or agents and the City of Lowell for any liability that may arise by virtue of distortion, blurring, alteration, optical illusion or use in composite form, whether intentional or otherwise; and that you and/or the student understand that you and/or the student relinquish all rights to any remuneration for the use and/or subsequent uses of photograph(s) and/or video; and understand that images posted on the internet can be viewed and downloaded by others.

Yes, I give permission

No, I do not give permission

Name of Student: _____
Please Print

House: _____

Signature of Student: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Medical Emergency Form

Student: _____ Date of Birth: _____ Grade: _____ HR _____

Address _____ Home Phone # (978) _____

Parent/Guardian _____ Home Phone# (978) _____

Mother's work # _____ Mother's Cell Phone# _____

Father's work # _____ Father's Cell Phone# _____

Student's Physician _____ Telephone # _____

List 3 local adults (other than parent/guardian) who will assume immediate care of your child or pick up your child at school in the event of illness or emergency:

Name: _____ Tel: _____

Name: _____ Tel: _____

Name: _____ Tel: _____

Circle **all** current or active health conditions that apply to your child:

ADD ADHD Anxiety Asthma Autism/PDD Cerebral Palsy Depression Diabetes Heart Condition

Lactose Intolerance Migraines OTHER (please list) _____

Vision Problems (specify) glasses ____ contacts ____ preferential seating ____

Hearing Problems (specify) Left ____ Right ____ Hearing aids: Left ____ Right ____ Preferential seating ____

Allergies (please list) _____

Is your child prescribed an **Epi pen** for treatment of the allergy listed above? Yes No

List medication and dosage taken by your child on a regular basis or as needed:

Does your child have health insurance? Yes No MassHealth? 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. Yes No

In case of 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.

Signature of Parent/Guardian _____ Date: _____