

The Lowell School



Dede Proujansky
Executive Director

July 2024

Dear Parent,

This letter serves as part of **The Lowell School** Emergency Evacuation Plan.

To help us with our efforts, we are requesting that you fill out the attached Authorization for Medication form and one additional Emergency Card Information Form.

EMERGENCY CARD FORM:

- PLEASE FILL OUT ALL INFORMATION ON FORM

AUTHORIZATION FOR MEDICATION:

- IF YOUR CHILD DOES NOT TAKE ANY MEDICATION, PLEASE RETURN THE FORM INDICATING THAT MEDICATION IS NOT NEEDED.
- IF YOUR CHILD DOES TAKE MEDICATION, PLEASE MAKE SURE TO INCLUDE THE NAME OF THE MEDICATION, THE DOSAGE, AND THE TIME OF DAY IT IS TO BE DISPENSED.
- PLEASE INCLUDE A 24 HOUR SUPPLY IN THE ENVELOPE PROVIDED.
- IF YOUR CHILD ONLY TAKES MEDICATION AT HOME, WE MUST HAVE THIS INFORMATION ALONG WITH A 24 HOUR SUPPLY.
- PLEASE MAKE CERTAIN TO INCLUDE THE PRESCRIBING DOCTOR'S NAME, IN ADDITION TO THE ADDRESS AND PHONE NUMBER.

Sincerely,

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Principal