



Frank Singleton
Health Director

Parent Consent for Medical Procedure
And
Medical Procedure Plan

Name of Student: _____ DOB: _____

School: _____ Grade: _____

Name of Parent/Guardian:

Home Phone # _____ Work # _____

Cell Phone # _____

Other person to be notified in case of emergency if parent unavailable:

Name: _____ Telephone: _____ Relationship _____

Name: _____ Telephone: _____ Relationship _____

My child currently needs the following procedure:

1. _____

Name of Licensed Provider: _____

I give permission for my child to self perform the procedure if the school nurse determines it safe and appropriate: Yes No (Circle One)

I give permission for the school nurse to share with appropriate school personnel information relative to the prescribed procedure: Yes No (Circle One)

I have reviewed the Medical Procedure Plan on the back of this page and I am in agree _____ with it.

Yes No (Circle One)



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PLEASE NOTE THE FOLLOWING:

In order to assure safe medical care, I understand that a picture of my child will be taken by the School Health Unit Personnel (unless provided by the parent/guardian) and attached to the Medical Procedure Plan for Identification purposes.

Signature of Parent/Guardian: _____

Relationship to Student: _____ Date: _____