

# 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,

Elizabeth Simona  
Principal