

LABBB Health Office at Lexington High School

251 Waltham St. Lexington, MA 02421 Tel: 781-861-2400 ext 1009 Fax: 781-861-1351

HEALTH OFFICE PERMISSIONS for School Year:

Student Name:	Date	of Birth:	
nurse may not always be available. Ev	very effort will be made izure, allergic reaction, i	rip, worksite, physical education, or recreation activities for a school nurse to attend field trips during the school njury), 911 will be called. This is also true for after-sch	
other appropriate LABBB staff mem classroom teachers, and all others deer issues private. Information shared m	nbers. The staff members appropriate by the say include, but will no	ad district school nurses to share health information pers may include physical education staff, worksite school nurses. Every attempt will be made to keep sense to be limited to: allergies, seizure protocols, asthma actualid for the school year in which it is dated.	staff, sitive
practitioners, and other healthcare j	professionals providing enable the school nurse	and district school nurses to contact physicians , no care and prescriptions for my student. I understand that es to plan, develop, and initiate appropriate school he during the school day.	t the
9 1	not be reached, I also au	provide treatment to my child should an injury occur du thorize the LABBB nurses to seek further medical treatr	_
educational team on a "need to know	" basis. I also underst	ormation is guarded carefully, and shared with my chand that open lines of communication between my chahool nurse are essential for good collaboration of care.	
This permission will be valid for the so	chool year in which it is	dated.	
Health Care Providers:			
Name:	Specialty:	Phone:	
Name:	Specialty:	Phone:	
Name:	Specialty:	Phone:	
Parent/Guardian Name (Printed):			
Parent/Guardian Signature:		Date:	-
Student Signature (if over 18):		Date:	