



Dear Parents and Guardians,

Existing legislation provides certain nursing services and funding for full-time students in private schools. Included in these services are the maintenance of student health records, vision (10), hearing assessment (11), and scoliosis screening (9, 11), if not provided on their physical exam papers. In addition, your child can receive emergency care services for any school-related illness or injury.

Students are **not permitted** to self-administer any medication in school; however, **students with lifesaving medication are an exception, i.e., Epinephrine inhalers**. Over-the-counter medications (acetaminophen, ibuprofen, Tums) will not be given to students without a parent or guardian's written consent. Prescription medication to be given during school hours must have a written order from the primary care provider and be brought to school in the original labeled medication container.

Please indicate by placing a check in front of the following options showing your instructions for ESCNJ nursing services and permission to administer medications.

Once completed, please immediately return this form to the Health Office.

This form will be in effect during your child's enrollment at IHS.

PLEASE CHECK ONE OF THE FOLLOWING BOXES

☐ I GIVE PERMISSION ☐ I DO NOT GIVE PERMISSION: for my child, _____, in grade _____, to participate in nursing services.

EDUCATIONAL SERVICES COMMISSION OF NJ NONPUBLIC NURSING SERVICES

Medication: Over-the-counter medicines (Acetaminophen, Ibuprofen, Tums) will not be given to a student without a parent or legal guardian's written consent. Prescription medication to be given during school hours must have a written order from the primary care provider and be brought to the school in the original labeled medication container.

This form will be on file for any student for as long as they attend Immaculata High School.

PLEASE CHECK ONE OF THE FOLLOWING BOXES

☐ I GIVE PERMISSION ☐ I DO NOT GIVE PERMISSION: for my child, _____ in grade _____ to receive the following:

☐ Acetaminophen ☐ Antacid ☐ Ibuprofen

Parent/Legal Guardian: _____
(Signature)

(Date)



HIPAA

Parents/Guardians

To comply with HIPAA privacy legislation, students' specific medical information provided by you to the school may not be shared without your written permission. You may update/rescind permission at any time **in writing**.

Sharing medical information with school personnel can significantly enhance your child's safety while in school. This information will be kept on file for the duration of your child's time at Immaculata High School.

Please indicate with whom the information may be shared by checking the boxes below and sign, date, and return.

- ☐ NURSE
- ☐ ADMINISTRATION
- ☐ TEACHERS
- ☐ ATHLETIC DIRECTOR
- ☐ SCHOOL COUNSELOR
- ☐ OTHER _____

Student's Name (Print)

Today's Date

Parent/Guardian's Name (Print)

Parent/Guardian's Name (Signature)