

IMMACULATA HIGH SCHOOL

Educational Services Commission of New Jersey NONPUBLIC NURSING SERVICES

To: Parents/Guardians

Existing legislation provides certain nursing services and funding for full-time students in private schools. Included in these services is 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 nursing services for any *school related* illness or injury.

Students are not permitted to self-administer any medication in school (Students with lifesaving medication are an exception to this, i.e. Epi pen, inhalers). Over the counter medication (acetaminophen/ibuprofen/tums) **will not** be given to a student without written consent from parent/guardian. Prescription medication to be given during school hours **must have** a written order from the primary care provider and be brought to school in original label medication container.

Please indicate by placing a check in front of the following options indicating your instructions for ESCNJ nursing services and permission for medication administration.

Return this form to the school, to the attention of the health office, as soon as possible.

This form will be in effect for the duration of your child's enrollment at IHS

<input type="checkbox"/> I DO NOT give permission for my child _____ Grade _____ <i>Print Child's Name</i>
to participate in nursing services _____ <i>Signature of Parent</i>

<input type="checkbox"/> I GIVE permission for my child _____ Grade _____ <i>Print Child's Name</i>
To participate in <i>ALL</i> nursing services _____ <i>Signature of Parent</i>

PLEASE FILL OUT THE BOTH SIDES OF THIS FORM &
SIGN BOTH SIDES

Medication: Over the counter medication (acetaminophen/ibuprofen/tums) will not be given to a student without written consent from parent/guardian. Prescription medication to be given during school hours must have a written order from the primary care provider and be brought to school in original label medication container. This form will be on file for any student for as long as they attend Immaculata High School.

_____ I GIVE permission for my child _____ Grade _____
Print Child's Name

to receive:

_____ acetaminophen

_____ ibuprofen

_____ antacid

Signature of Parent

Date