



Saint Ann School
Where Faith & Knowledge Meet

34 Rossa Avenue, Lawrenceville, NJ 08648 • P: 609•882•8077 • F: 609•882•0327 • st-ann-school.org

SCHOOL NURSE CONSENT TO TREAT

Last Name,

First Name

Date of Birth

Grade

I give permission for my child to receive health services from the school nurse at my child's school. I understand that nursing personnel cannot take care of all the health needs my child may have. If my child is not already under the regular care of a doctor or clinic, I will work with the school nurse to choose one.

I give consent for my child to receive services in the nursing office:

which include, but are not limited to: health education (hygiene, puberty), first aid/emergency care, referral to health care providers in the community, nutrition services, health screenings (Vision, audiometry, Scoliosis, Growth & BMI) and immunization information.

I understand that it is my responsibility to notify the nursing staff about changes in my child's healthcare, guardianship, the child's living or custody arrangements, and emergency contact phone numbers.

I will provide the nursing staff with Emergency or other medications needed during the school day. I am aware that the school nurse requires a medical prescription from my child's doctor in order to give any type of medication to my child.

I am responsible for providing An Emergency medical care plan/form regarding medical conditions which include, but are not limited to: Asthma, Allergies/Epipens and Seizures.

I give consent for the nursing staff to contact the Medical Practitioner regarding my child's medical and immunization status.

SERVICES WILL NOT BE PROVIDED WITHOUT CONSENT AS REQUIRED BY STATE LAW, although exceptions may be made for emergency medical care.

Date: _____

Signature of Parent or Guardian:

Print name