



SAINT AUGUSTINE OF CANTERBURY SCHOOL

MEMBER OF NCEA & MIDDLE STATES ASSOCIATION

45 Henderson Road • Kendall Park, New Jersey 08824

(732) 297-6042 • Fax (732) 297-7062

www.staugustinenj.org

Parent/Guardian Permission

Administration of First Aid/ Screenings/Medications Ordered and To Release and Exchange Health Information As Needed

I hereby authorize an exchange of health information between the School Health Services staff and school faculty and staff who have contact with my child throughout the day. This will ensure continuity of care for any health condition. I also give permission for the school nurse to administer required screenings and /or other qualified personnel to give first aid and/or treatment or medication as directed by my child's physician or dentist.

Name of Student: _____ Grade: _____

Signature of Parent/Guardian _____

STAFFED BY THE
RELIGIOUS SISTERS FILIPPINI

