

## ST JAMES SCHOOL NON PUBLIC NURSING FORM

Dear Parents

The current NJ State law Chapter 226 provides certain nursing services for full time students in private schools. Included in these services are visual screening, hearing screening, and weights and measurements which are done on a yearly basis.

In addition, ANY student who is ill or injured during school time will be provided with emergency response services or 911.

Please complete the form below and return it as soon as possible. You may choose not to have the services done to your child. This is fine, just sign the I DO NOT WISH line. This does not mean the school nurse will not care for your child in the event of an injury or illness. In signing I DO NOT WISH means your child will not have the above yearly screenings done. Also by signing the form (either way) any medical information may be shared with other staff that deal with your child.

Each student will need a form so if you have more than one child in the school please fill out a form for each child.

CHILD'S NAME \_\_\_\_\_ grade \_\_\_\_\_

\_\_\_\_\_ I wish to have the above nursing services for my child.

\_\_\_\_\_ I do not wish the above nursing service for my child.

\_\_\_\_\_ parent signature