EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

TO:	Parent/Guardian				
FROM:	TCS Nurses Nursing Services; Chapter 226 – Laws of 1991				
RE:					
Existing schools.	legislation provides certain nursing	services and fundin	g for full-time st	udents in private	
	d in these services, based on availab hearing assessment and scoliosis so		tenance of stude	nt health	
In additi	on, your child will receive emergend	cy nursing services	for any <u>school-re</u>	lated illness or	
Please si	ign the form below and return it to	the TCS Nurses' Off	ice as soon as po	ssible.	
	NON-PUBLI	C NURSING SERVIC	<u>ES</u>		
	I do give my permission				
	I do NOT give permission				
	hild(Please Print Child's Name) ng services.		_, in grade	to participate	
 School D	District				
Name of	f School				
School A	Address				
 Signatur	re of Parent/Guardian		Date		
_	e Timothy Christian School nurses p I in my child's care.	ermission to share	medical informat	ion with staff	
Signatur	re of Parent/Guardian	 			

(Please complete additional requested information on reverse side of this form.)

Timothy Christian School – Nurses' Office Phone: 732-985-0300, ext. 618 FAX: 732-248-4271

Medica	al Update for the <u>2024-2025</u> School Year				
Child's	Name: Date of Birth:				
Have tl	here been any changes in your child's medical status since last year?				
1.	If YES, please describe:				
2.	Please list anything (foods, pollen, insects, medications, etc.) your child is allergic to:				
3.	Recent immunizations and dates of immunization (please provide documentation, signed by doctor, if school does not already have a record)				
	A				
	В				
	C				
4.	Illnesses/Accidents/Hospitalizations				
5.	Any international travel over the summer?				
	Country				
	Dates of Visit				

Please be advised that if your child requires medicine in school, he/she must have a doctor's note, as well as a parent's consent (as per protocol). This includes over the counter medication.

If your child needs to be excused from physical education, a note from the doctor indicating the reason and period of exclusion will be required.

We look forward to a healthy school year. Please feel free to call us at any time.

Mrs. Miller Your School Nurse