



500 Van Emburgh Ave. | Township of Washington, NJ 07676 | Phone: (201) 445-6800 | Fax: (201) 445-7416 | [www.ihanj.com](http://www.ihanj.com)

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Dear Parent/Guardian:

Welcome! We are pleased your daughter is planning to spend a day at Immaculate Heart Academy. If your daughter has any chronic health condition such as *diabetes, a seizure disorder, or allergies that require emergency medication*, I would ask that you provide us with some health-related information to help ensure her safety and well being while she is visiting our school. Please complete the information on the back of this note. If you have any questions, you can reach me during school hours at 201-445-6800 ext. 129.

***Medications/Procedures***

New Jersey law requires a health care professional's written order and written parental consent to provide medication and/or health related procedures in the school setting. Only the nurse or parent may administer a medication or perform a health related procedure. There are a very few selected emergency situations when the student may administer a medication or perform a health related procedure. Specific written medical orders for administration of medication *by the student* for life-threatening asthma or allergic reaction are required for any self-administration by the student. This order must specify that the student has been trained in proper administration of the medication and demonstrated competency in such administration.

If there is a possibility your daughter may experience an emergency requiring her to take medication or need a health related procedure, please provide your signature on the consent statement located on the back side of this message and attach the written order signed by your daughter's care professional. All medications must be given to the nurse in their original pharmacy container.

Thank you for your assistance in providing this information. I hope your daughter enjoys her visit with us.

Sincerely,

Patricia K. Conaton CSN, RN

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**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Emergency Contact Phone** \_\_\_\_\_

**Doctor's Name and Phone Number** \_\_\_\_\_

***Chronic Health Conditions That Might Require Emergency Medication/ Procedure***

\_\_\_\_\_ Diabetes      \_\_\_\_\_ Seizure Disorder ( \_\_\_ clonic/tonic type    \_\_\_ petit mal type)

\_\_\_\_\_ Significant Allergies\*

List of allergens \_\_\_\_\_

\*Please be advised that the cafeteria area is NOT an allergen-free area.

***Parent Consent***

I authorize the nurse to administer the above medication/procedure, including the emergency administration of epinephrine by pre-filled auto injector mechanism as indicated in the written order from my daughter's health care professional during her visit to Immaculate Heart Academy. I have been informed and understand that Immaculate Heart Academy, school physician, nurse, any other school employees or agents shall incur no liability. I hereby indemnify and hold harmless the school, school physician, nurse and other school employees or agents as well as, the Archdiocese of Newark, local school district, its Board of Education and Bergen County Department of Health Services and its employees or agents against all claims arising from the administration of the listed medication or procedure. I consent to the communication between the school nurse or administrators and the prescribing health care professional to ensure the safe administration of the listed medication. I consent to this information being shared on a confidential basis with teachers.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

***A written order from the student's health care professional is required by law. Please attach the written order to this form.***

Thank you for your assistance with this important matter.

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