

PARK RIDGE SCHOOL DISTRICT

167 Sibbald Drive
Park Ridge, NJ 07656
(201) 573-6000 Ext. 2000

Dear Sixth Grade Parents:

Please be advised that the form entitled Authorization to Consent to Treatment of a Minor Separated from his/her Parent/Guardian will permit the nurse to authorize emergency treatment. This is to ensure that no student is denied emergency care if needed. We would, of course, attempt to contact a parent in the event of any emergency.

Parents/Guardians are strongly urged to use judgement about sending children who have been ill. They should be fever free for at least 24 hours.

All medications must be brought to the school by a parent **one week prior** to the Camp Bernie trip. All medication, prescription or non-prescription, must be in the **original container**. Consent forms signed by the physician and the parent are also required and should already be in school. Medications prescribed for the school year will be brought to Camp Bernie and administered as prescribed.

Dr. Gold, our school physician, has written a standing order for medication that the nurse may give if needed. The consent form, written below, is for only those medications and must be returned to school. Please call the school nurse, if you have any questions.

SIGN BELOW, DETACH AND RETURN

PRINT – STUDENT NAME

HOMEROOM

I give permission for the nurse to administer (please check):

_____ **Tylenol** (supplied by nurse)

_____ **Antacid** (supplied by nurse)

_____ **None**

Signature of Parent/Guardian