

Fonda-Fultonville Central School

School Nurse's Office
112 Old Johnstown Road
P.O. Box 1501
Fonda, New York 12068-1501
(518)853-3332, Ext. 5010/Ext 4226
FAX: (518)853-4426

Health Information

Dear Parents:

In order to best serve your child, we are asking that you provide the school nurses with health information, such as allergies, or medications he/she may take, so that we can take appropriate care of your child. Please provide us with complete information so that the nurses will be aware of your child's needs. The information may be shared with teaching staff, support staff, kitchen staff, and bus drivers on a need-to-know basis per nurse's discretion. It may be essential that this information be shared so that, in an emergency, our staff can react quickly and appropriately.

Each year, student's enter Fonda-Fultonville Central School in grades PreK-12 with their own unique personalities and individual needs. The nurse's office, located in the Elementary School, serves all students health care needs PreK-12 from basic first aid to any long term illness/conditions. It is important to make us aware of any new medications, or treatments, needed by your child with a chronic condition, even if not being given or treated at school. It is vital for the health and well being of the students to inform us of any change in your child's health, any recent injury, infection, illness, or newly diagnosed condition. Information shared may not be due to an emergency, it may be something simple like your child has a cold or allergies, therefore it would be beneficial for us to share information and/or give instructions.

If you have any questions or concerns, please contact us at any time. We look forward to providing a safe and healthy environment in the best interest of your child.

It is your right to inform us at any time that the information listed should no longer be shared. You may return this form to the Nurse's Office in a sealed envelope to maintain privacy.

Remember. . . HEALTHY CHILDREN LEARN BETTER!!

Sincerely,

Deborah Mancini, R.N.

Amber Calhoun, LPN

Brittney Mancini, LPN

STUDENT NAME _____ **GRADE** _____ **HOMEROOM** _____

Please list all previous and recent health concerns: _____

PLEASE CHECK ONE:

I give my permission for the nurse to share appropriate health information on an as needed basis.

I do not give my permission to the nurse to share health information.

PARENT SIGNATURE _____ **DATE** _____