



**Permission for Medical Care and Release of Medical Information**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

As the legal parent or guardian, I authorize the medical staff of Princeton Academy of the Sacred Heart, to examine and treat my child for injury or illness pursuant to the Health Office Standing Orders. Such treatment may include nonprescription medications administered by the School Nurse or their designee based on the Over the Counter Medication form signed annually by parents or guardians. Individual prescription medications will be administered only as directed by a physician and must remain in the original drug store bottle or packaging.

Public Law Chapter 226 provides certain nursing services and funding for full-time students in private schools. Included in these services, based on available state aid, is maintenance of student health records, hearing assessment, and scoliosis screening.

In case of a severe medical emergency, I understand that every effort will be made to contact me; however, in the event that time will not allow, or I cannot be reached, I hereby authorize Princeton Academy of the Sacred Heart to secure treatment for my child.

Please sign the form below indicating whether or not you give your permission for your child to receive these services.

\_\_\_\_\_ I do give my permission

\_\_\_\_\_ I do **NOT** give permission

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_