

**St. Stanislaus Kostka School  
221 MacArthur Avenue  
Sayreville, NJ 08872**

Tel: 732-254-5819

Fax: 732-254-7220

**NURSING SERVICE and CONFIDENTIALITY Form**

Dear Parents/Guardians:

Existing legislation provides certain nursing services and funding for full time students in private schools. Included in these services, based on available state aide, are the maintenance of student health records, vision and hearing assessments, weight, height and blood pressure screenings as well as scoliosis screening. In addition, your child will receive emergency/urgent nursing services for any school related illness or injury.

To ensure the safety of our students at all times, significant medical information has to be shared with certain school personnel. This information will only be shared as deemed necessary and/or beneficial to maintaining the health and safety of the students and enhancing the learning process. School personnel are required to keep this information confidential.

Your signature below indicates your consent to allow me to share your child's health information with school personnel on a need-to-know basis. Please call me with questions or concerns regarding this at 732-254-7050

Sincerely,

Joyce Afriyie, RN

School Nurse

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**Please indicate your preference below, sign and return to school as soon as possible**

\_\_\_\_\_ grade\_\_\_\_\_

**Student's Name**

\_\_\_\_\_ I give permission for my child to receive nursing services at school.

\_\_\_\_\_ I do not give permission for my child to receive nursing services at school.

\_\_\_\_\_ Date\_\_\_\_\_

**Parents /Guardians signature**