**CENTER FOR LIFELONG LEARNING**

***EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY***

##  [http://www.escnj.us](http://www.escnj.k12.nj.us)

**333 Cheesequake Road**

**Parlin, New Jersey 08859**

 **Telephone: (732) 727-3736 Fax: (732) 727-3756**

**Mary Beth Conley Antoinette Nicholasi**

### Principal Vice Principal

###

**Michael Kane**

*Vice Principal*

**Medical Consent Page / *Pagina de Consentimiento Medico***

**2023/2024**

Child’s name/*Nombre del nino(a*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth/ *Fecha de Nacimiento*: \_\_\_\_\_\_\_

Boy/ *Nino*\_\_\_\_\_\_ Girl / *Nina*\_\_\_\_\_\_

Address/*Direccion*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone/*Telefono:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/ *Cellular*:\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give the school nurse permission not only to share pertinent medical information on my child with the appropriate staff member as needed, but also to obtain medical/surgical information from primary care provider or clinic. This can include laboratory, x-rays, medications and all pertinent medical information.

I understand and agree that this permission will be in effect throughout my child’s enrollment. Please let us know in writing if at any time you wish to rescind this consent.

*Doy permiso a la enfermera escolar no solamente poder discutir la informacion medica pertinente de mi nino(a) con el personal escolar apropiado segun sea necesarios, sino tambien obtener informacion medico de su doctor or clinica. Esto puede incluir resultados de laboratorio, radiografias, medicamentos y toda informaciones medicas que sea pertinente.* Entiendo y acepto que este permiso estará en vigor durante toda la inscripción de mi hijo. Por favor, háganos saber por escrito si en algún momento desea rescindir este consentimiento.