

# SECAUCUS PUBLIC SCHOOLS

SECAUCUS MIDDLE SCHOOL  
SECAUCUS HIGH SCHOOL

## OFFICE OF THE SCHOOL NURSE

KATHY GERBASIO MA, BSN, CSN, RN

PHONE: 201-974-2026

FAX: 201-866-5805

STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GRADE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

As parent/guardian of the above named student, I hereby authorize the School Nurse to administer Tylenol, Ibuprofen, or a Tums if needed, as ordered by the school physician Dr. E. DeSimone.

I have listed my child's allergies to any medications, if applicable.

This consent is valid in the Secaucus School System for the current school year only, and must be renewed on a yearly basis.

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Parent/Guardian Signature

Date