

Roxbury High School  
1 Bryant Drive, Succasunna, N.J. 07876

DATE \_\_\_\_\_

Dear Parent/Guardian:

Our medical records indicate that your child \_\_\_\_\_  
has a history of \_\_\_\_\_. In order to safeguard your  
child's health and welfare, we must have your doctor complete the  
following form:

Medical Diagnosis \_\_\_\_\_

Treatment \_\_\_\_\_

Medication \_\_\_\_\_

Restrictions/Limitations \_\_\_\_\_

\_\_\_\_\_ may safely operate the following equipment:  
**Student Name/Grade**

<u>Industrial Arts</u>	<u>Yes</u>	<u>No</u>
Stationary power tools	_____	_____
Portable power tools	_____	_____
Hand tools	_____	_____

**Note: Many Industrial Arts classes use power equipment such  
as power saws, grinders, planers, torches, etc.**

Home Economics

Power appliances \_\_\_\_\_

Utensils \_\_\_\_\_

Science

Bunsen burner \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature/Date

This form must be returned to the Health Office before your child  
will be allowed to use the above equipment.