

JEFFERSON ELEMENTARY SCHOOL

Dear parents/guardians:

Please print out the necessary forms for your child and return them *signed by you and the doctor*, along with the prescribed medication during the first week of school in August. Please check the medication expiration date before dropping it off.

Please go to www.roxbury.org and under the *Student Support Services* tab, you will find *Nursing & Health Services*. Click on that, then *Health Forms*. Under the *Used District Wide* heading you will find the appropriate forms for your student.

Anaphylaxis Action Plan

Please sign the box for parent/guardian permission to administer medication

Asthma Action Plan

Please sign the box for parent/guardian permission to administer medication.

Seizure Action Plan

Attach the medication permission form for EACH medication listed on this form.

Medication permission form for any prescription or over-the-counter medication needed during the school day.

All students with life threatening allergies, asthma, diabetes, seizure disorder or medical conditions requiring medications during the school day, are required to have a doctor's order and/or action plan on file along with a parent/guardian permission form that must be renewed EACH school year.

Thank you for your anticipated cooperation,

Kate Zenna, BS, RN, CS-NJ Jefferson School Nurse

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