

School Year 2021-2022

PERMISSION TO POST ALLERGIES / SEIZURE PROTOCOL

Dear Parents/Guardians,

In order to provide optimum safety for the students, each classroom and therapy room will be given a list of student's food/contact allergies and seizure protocol.

Please sign and return with student on the first day of school. Thank you.

Sincerely,

Tina Capano, R.N.
Barbara DeGeorge, R.N.
School Nurses

Child's Name: _____

_____ I give permission to release my child's information.

_____ I do **not** give permission to release my child's information.

Parent/Guardian Signature: _____