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|  | **2018 – 2019**  **Consent to Treatment of a Minor** |

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent to the School Nurse, Athletics Nurse and first aid personnel to treat my child for injury or illness pursuant to the standing orders issued by our school physician, and within the scope of the New Jersey Nursing Practices Act, N.J.S.A. 45:11-23 et seq., and the New Jersey Athletic Training Licensure Act, N.J.S.A. 45:9-37.35 et seq.. I also authorize medical personnel to share my child’s specific health information, if necessary, among medical staff, faculty/staff and administration.

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Parent/ Guardian Signature Print Name

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Relationship Date

04/2018