

BAYONNE BOARD OF EDUCATION

667 Avenue A
Bayonne, New Jersey, 07002

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Director of Nurses
Phone: 1-201-858-6247
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To the Parent / Guardian of : _____

In reviewing your child's health record, it is noted that he/she has a history of: _____.

We are contacting you to update your child's health information record and to determine if there is a need to share this information with other school personnel.

Please complete the lower portion of this form and return it to the School Health Office as soon as possible. If you have any questions or concerns , please call the School Health Office.

Your truly,

School Nurse

_____ YES , I would like you to notify my child's teachers of his/her history.

_____ NO , I do not want you to notify my child's teachers.

Parent/ Guardian Signature

