



BAYONNE BOARD OF EDUCATION  
667 Avenue A  
Bayonne, New Jersey 07002

Maryann Pawlowski  
Director of Nurses

551-348-1319

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 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.

Sincerely,

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