

Our Lady of Victories School

To: Parent/Guardian

From: Private School Principal

Re: Nursing Services

Existing legislation only provides certain nursing services and funding for full-time students in private schools in Grades Kindergarten through Eight. Included in these services, based on available state aid, are the maintenance of student health records, vision & hearing assessments, and scoliosis screening. In addition, your child will receive emergency nursing services for any school-related illness or injury. For this school year, our school receives __ Nursing hours per week. (Annual determination of hours is released in August). Our Lady of Victories Parish provides Nursing services to **all** of our students for the remainder of hours that school is in session.

Please sign the form below and return to my office as soon as possible.

Thank you,

Mary Ann Halmi, RN
Mary Ann Halmi, RN
(OLV School Nurse)

NONPUBLIC NURSING SERVICES

_____ Grade _____
(Name of child)

_____ I **DO** give permission for my child to participate in Nursing Services and also give permission for the OLV School Nurse to share my child's medical information with school personnel who are involved in my child's care. Such information will only be shared on a "Need-to-Know" basis to insure the privacy and confidentiality of my child, while at the same time insuring that my child's needs may be promptly, safely and accurately met.

_____ I **DO NOT** give permission for my child to participate in Nursing Services.

Our Lady Of Victories School
Name of School

Signature of Parent/Guardian

Date