

Signature of Parent/Guardian

	To: From: Re:	Parent/Guardian Mrs. Jackie Seidenfaden, R.N. Nursing Services; Chapter 226 – Laws of 1991 2025-2026 School Year	
private scho Included in health reco measureme In addition,	these services, bards, hearing assessent of height and volume you child will rece	sed on available state aid, is maintenance of student sment, and scoliosis screening. Vision assessment and veight will also be done as time permits. eive emergency nursing services for illness or injury. with your registration materials.	
NAME OF C	HILD		
gra	ant my permissior	n for nursing services.	
I do	I do not grant my permission for nursing services.		
	•	share medical information with the appropriate staff when I-being of my child.	

Date