

DOWNE TOWNSHIP ELEMENTARY SCHOOL

Health Office

220 Main Street, Newport, NJ 08345

Sherri Miller
Superintendent/Principal

Phone (856) 447-4673

Fax (856) 447-3005

CONSENT LETTER FOR BATHROOM/PERSONAL ASSISTANCE

Parents and / or Guardians of Preschool and Kindergarten Students,

Should your child not be fully independent in cleaning and changing their clothes in case of bladder or bowel accident, vomiting or food/water spills:

I attest that – INITIAL one :

_____ The School Nurse has my permission to assist my child when using the bathroom or changing their clothing if needed.

_____ The School Nurse does not have my permission to assist my child in the bathroom in which case Parent or Guardian will be contacted and asked to come to the school to assist the student.

STUDENT NAME _____ DATE _____

Parent / Guardian name (print) _____

Parent/ Guardian signature _____

If you have any questions, please contact the School Nurse

Giulia Sacco-McCord RN BSN Certified School Nurse

856-447-4673, option 2