



*“Where Panthers
Roar
And
Students Soar”*

NASHUA HIGH SCHOOL SOUTH

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PLEASE COMPLETE AND RETURN THIS NOTICE TO THE SCHOOL NURSE

My child, _____ in Grade ____ has the diagnosis or condition of

_____.

I do ___ do not ___ give permission for this information to be shared with other school personnel. I understand that this medical information will be shared solely for the benefit of my child to provide for the optimal learning environment at Nashua High School South.

My child is taking the following medications:

If any medications are needed to be given during the school day, we will call you to get the necessary forms or any other information that I may need in order to do so.

Signature of Parent or Guardian:

Date Signed:

If you have any questions or concerns, please feel free to contact the nurses' office. Thank you for your attention to this matter.