



THE CAMPUS LABORATORY SCHOOL  
*of Carlow University*

Pennsylvania regulations require that a certified school nurse be assigned to each independent school. Pittsburgh Public Schools has assigned Michele Cherry to provide this support to our school. Michele has direct reporting requirements to the Commonwealth but is not present daily.

The Campus Laboratory School has a partnership with the University Family Nurse Practitioner department. A registered nurse will be on site every day to provide basic medical support to all students. This nurse is a student in the Family Nurse Practitioner program. She will, therefore, be under the direct supervision of a Family Nurse Practitioner faculty member who will be on site 3 hours each day. This program will provide health lessons to students throughout the CLS.

A nurse's office has been established on the first floor. This program provides, but is not limited to:

- Health assessments (vision, hearing, general health)
- Health records management
- Medication administration with parental written permission
- Management of all health issues while in school
- Diagnosis of minor medical ailments
- Provision of state mandated reports to the certified school nurse

All students will have access to the nurse unless parents choose to decline these services. If you have any questions or concerns, please contact Jessica Webster, Head of School for more information.

Please sign and return this form to the Main Office.

- I wish for my child(ren) to access the Nurse Practitioner for health issues while at school.
- I do not wish for my child(ren) to access the Nurse Practitioner for health issues while at school.  
I understand this means there will limited on-site treatment and care.

Please list the names and grades of your children:

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Parent Signature

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Date



PLEASE TURN OVER FOR MORE INFORMATION  
AND PARENTAL SIGNATURES





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**Consent for Treatment of Child**

In addition to First Aid, the School Nurse/School Nurse Practitioner may treat my child(ren) with the following.

*Check Yes or No for each:*

<i>Child #1</i>	<i>Child #2</i>	<i>Child #3</i>

- |                                    |  |  |  |
|------------------------------------|--|--|--|
| Tylenol (Acetaminophen)            | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Antacid (Upset Stomach, Heartburn) | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Benadryl (Allergy medication)      | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Ibuprofen (Advil/Motrin)           | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

I give my consent to the school nurse or student nurse practitioner to carry out ALL of those items indicated by “Yes” responses above.

Please list the names and grades of your children:

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Parent Signature

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Date



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