



**SAINT JOSEPH**  
A COLLEGE PREPARATORY SCHOOL

Dear Parent/Guardian:

If your son has a medical condition (eg. diabetes, epilepsy, anaphylaxis, etc.) that you would like shared with his teachers, please sign below for authorization.

If you have any questions, please contact the Health Office at 732-549-7600 ext 224. Thank you for your attention to this matter.

Saint Joseph School Nurse

Student name \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date