



**CHARTER HIGH SCHOOL
FOR ARCHITECTURE + DESIGN**

105 SOUTH 7TH STREET
PHILADELPHIA, PA 19106
PHONE: 215.351.2900 FAX: 215.351.9458
Nurse's Office: x 2236

**OFFICE OF
THE SCHOOL NURSE**

Student's Name: _____
Last First

Date: _____

Grade: _____

Dear Parent/Guardian:

Please let us know promptly if your child has a history of any of the following health problems:

- Serious allergy
- Serious illness
- Serious injury
- Major surgery
- Physical handicaps

- Emotional problems
- Learning disabilities
- Other: _____

Does this problem(s) still exist? Yes _____ No _____

Special instructions for school nurse _____

Medications prescribed by doctor: _____

Parent/Guardian Name: _____

Emergency Contact: _____

Work phone: _____

Relationship: _____

Cell phone: _____

Work phone: _____

Home Phone: _____

Cell phone: _____

Home Phone: _____

DO YOU PERMIT THE NURSE TO GIVE YOUR CHILD *IBUPROFEN* / *TYLENOL* IN SCHOOL?

YES _____ NO _____ Parent/Guardian Signature: _____

Please feel free to contact me if you have any questions, if you would like to schedule a confidential appointment, or if I can be of assistance. Thank you for your cooperation.

School Nurse