WARREN GLEN
ACADEMY

45 County Road 519
Bloomsbury, NJ 08804
908.995.1999

IMPORTANT INFORMATION ENCLOSED – PLEASE RESPOND PROMPTLY

2026/2027 School Year

Dear Parents/Guardians:

Attached are emergency and medical forms for the 2026- 2027 school year. Please complete these forms and return them to school as soon as possible.

We understand that there are an overwhelming number of forms, but it is necessary that we have the correct information pertaining to your child.

Please feel free to contact the school if you have any questions regarding the enclosed material.

Sincerely,

Mr. Nicholas J. Cammarano
Executive Director

2026/2027 SCHOOL YEAR
Emergency Information

D.O.B Home Phone:
Student Name:
Address: _____
Father's Name_____ Mother's Name _____
Student Lives With: __ Mother & Father __ Mother __Father __Guardian
Father's Work Number: _____
Father's Cell Phone Number: _____
Mother's Work Number: _____
Mother's Cell Phone Number: _____
E-mail Address: _____
Family Doctor: _____ Phone: _____

EMERGENCY CONTACTS: In the event you cannot be reached in case of illness, early dismissal, emergency evacuation, etc., the following names of family, friend, and babysitter have my permission to take responsibility for my child. **AT LEAST ONE PERSON NEEDS TO BE LISTED.**

Family/Friend/Babysitter_____ Phone: _____
Address: _____

Family/Friend/Babysitter_____Phone: _____
Address: _____

Family/Friend/Babysitter_____Phone: _____
Address: _____

In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me or my designated temporary person listed above, I hereby appoint Warren Glen Academy as my agent and authorize Warren Glen Academy to arrange transportation to Warren Hospital. I fully understand that the hospital will treat my child consistent with medical needs that illness or injury presents. I relieve Warren Glen Academy School, its Board of Directors and Staff of all responsibility and consequences that may arise as a result of this treatment. I will not hold Warren Glen Academy, its Board of Directors or Staff responsible for treatment or transportation costs. I will accept financial responsibility as a result of any medical treatment given to my son/daughter.

My child is allergic to: Foods_____ Bee Stings: Yes__ No __
Medication: _____ Other: _____
My child takes the following medication (dosage & times):
_____
_____
Physician: _____ Phone: _____
Physician's Address: _____
Psychiatrist: _____ Phone: _____
Name of Insurance Carrier: _____
Group Number/Agreement Number: _____

_____ _____
Parent/Guardian Signature Date

Warren Glen Academy

2026/2027 School Year

TO: Parents/Guardians

FROM: Mr. Nicholas J. Cammarano, Executive Director

RE: **EMERGENCY CALL SYSTEM**

In the event of a school emergency, closing or event, you will receive a message via our "Emergency Calling System". Please complete the information below for our records. **If you have a telephone number which changes, please be sure to notify the school so you receive the information.**

STUDENT NAME:

MOTHER/FATHER NAMES: _____

HOME TELEPHONE: _____

MOTHER'S CELLPHONE: _____

FATHER'S CELLPHONE: _____

DO NOT USE TELEPHONE NUMBERS WITH EXTENSIONS

MOTHER'S WORK TELEPHONE: _____

FATHER'S WORK TELEPHONE: _____

MOTHER'S E-MAIL ADDRESS: _____

FATHER'S E-MAIL ADDRESS _____

ALTERNATE CONTACT and Relationship to Student:

_____

ALTERNATE CONTACT and Relationship to Student:

_____

If you have any questions regarding this system, please call Deborah Welch at 908-995-1999 Ext-101. Thank you.

WARREN GLEN
ACADEMY

2026- 2027 SCHOOL YEAR

PHYSICAL EDUCATION PERMISSION FORM

Part of the Warren Glen Academy Physical Education Philosophy is to have all our students participate in activities that they will enjoy throughout their lives. These activities are part of the Physical Education Program and supplement the continuous Health and wellness of our students. Below is a list of the various activities your child may participate in. Please check each item that your child has permission to participate in.

____	Ride a bike
____	Skateboard
____	Ride a scooter
____	Roller blades/roller skates
____	Sleigh riding in winter
____	Snow board (recreational/play)
_____	Swimming
_____	Recreational Play on Swings and Playground Equipment
_____	Use of Bat, Balls, Hockey Sticks, Rackets (PE Equipment)

Please also understand that when your child is participating in such an activity, they will always be wearing the proper equipment. Helmets, elbow pads, goggles must be worn for some of these sports. Protective equipment is available for students at school, but they are welcome to bring their own.

_____	_____	_____
Child's Name	Parent/Guardian Signature	Date

08/08/2007

WARREN GLEN
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PHOTO/VIDEO CONSENT

I hereby **give** my permission for Warren Glen Academy to take photos of my child as he/she engages in various school functions. These photos may appear in the published newspapers, school newspaper, school yearbooks, school web site, social media or in brochures we use to publicize the great things happening at our school.

I understand that on occasion there will be videotaping of students engaged in school activities and I am willing to permit such video for school purposes or if used on television or part of a news broadcast.

_____ _____ _____

Child's Name Parent/Guardian Signature Date

****

Permission for "In House" use of pictures and videos

_____ I will allow my child's picture to be used in the school yearbook and school hallways ONLY. I will allow the video taping of my child during school activities for school viewing ONLY.

_____ _____ _____

Child's Name Parent/Guardian Signature Date

_____ I prefer that my child **not** be photographed or videotaped.

_____ _____ _____

Child's Name Parent/Guardian Signature Date

WARREN GLEN
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THIS FORM IS SPECIFIC TO THE SUMMER 2024 EXTENDED SCHOOL YEAR PROGRAM

Student Name: _____

Our Extended School Year Program dates are July 1, 2025, through August 13, 2025. For the purpose of planning trips and buying tickets during this time period we would like to know the dates your child will not be attending the program. Please indicate those dates below.

Thank you.

From: _____ To: _____

From: _____ To: _____

WARREN GLEN
ACADEMY

COMPUTERS, THE INTERNET, AND THE SCHOOL NETWORK

The use of technology in the educational process is essential as part of the schooling experience. We recognize that technologies change the manner in which information is accessed, communicated and transferred will present us with new challenges. The following regulations will help to guide our students and staff to pursue honorable behavior and acceptable use of computers/technology:

Authorized Use Policy

The Warren Glen Academy will offer supervised Internet access to our students only. Since this resource connects millions of computers around the world with no central control, we must hold students responsible for the areas they will be allowed to search. Educators, as well as parents, know that the Internet may contain information that could potentially be offensive to some people, and we will take every step to promote a healthy Internet environment. We review and teach internet safety throughout the school year. Students will be educated about appropriate online behaviors, including interacting with other individuals or social networking websites and in chat rooms, and cyber bullying awareness and response. Every computer will be filtered to ensure the safest environment possible. It is necessary, however, that students be aware of their responsibilities and the consequences that will occur if computers or Internet access is misused. Before using the Internet, each student along with a parent or guardian must abide by the following guidelines:

1. Students will access the Internet for specific academic assignments and educationally related functions.
2. Using technology for illegal activities as outlined in federal and state law.
3. Students will not access, download, nor upload obscene, sexually explicit, abusive, racially offensive, illegal, defamatory or inappropriate material.
4. Students are prohibited from downloading executable files or computer programs.
5. Students are prohibited from willfully introducing any computer virus, disrupting, vandalizing, gaining unauthorized access to equipment, software, files, or operating systems.
6. Students will not delete any files or programs, and not alter any Internet settings.
7. Students are prohibited from duplicating copyrighted materials without the written consent of the owner or licenser.
8. No one is allowed to access common "chat rooms," developing bulletin boards, chat groups, or email broadcasting.
9. Students are required to receive permission to print anything from the Internet.
10. Students will not use personal email accounts or social media such as FACEBOOK in school.

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11. Students may have supervised email availability for specific school projects. The user is prohibited from forging, reading, deleting, copying, modifying or viewing other user's email or school related instructional student program. Including logging on and using someone else's identity.
12. Students are prohibited from sending harassing, obscene, and/or threatening email, text or tweets to another user during school.
13. Students cannot use school-based technology for personal, financial, or business gain.
14. Violation of any of the rules will result in the consequences at the discretion of the teacher and/or Executive Director. Consequences may include, but are not limited to:
    a. Cancellation of access rights for a period of time (such as the remainder of the marking period or school year) to be determined dependent upon the severity of the violation.
    b. Out of school suspension/remediation, or in-school suspension/remediation, or reflection restoration for a period of time to be determined upon severity of the violation.

Revised 7/2022

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Please return this form to the school.

TECHNOLOGY USE FORM

2026- 2027 SCHOOL YEAR

Parent/Guardian Consent

I have read and understood the **Acceptable use of Technology Policy** for Warren Glen Academy. I also have discussed with my child the implications and penalties involved if this policy is violated and have witnessed my child signing the **Student Agreement** below. I also understand that the school's technology is for educational purposes only and that Warren Glen has taken reasonable steps to safeguard access for users. However, I understand that it is not possible to stop all inappropriate activities and I will not hold the school responsible for any materials obtained through the use of the networks.

I give my child permission to use all the technological resources that Warren Glen has to offer.

Parent/Guardian Name: _____ **Date:** _____

Parent/Guardian Signature: _____

Student Agreement

I have read, discussed with my parent/guardian, and understand the **Acceptable Use Technology Policy** for Warren Glen Academy. I agree to follow these regulations at all times while using the technology provided by Warren Glen Academy. I also understand that a violation of this policy may result in the revocation of my technological privileges and disciplinary action by the school or appropriate legal action if laws are violated. I also understand my parents/guardians will be financially responsible for any damage I cause by the misuse of technology. As a student of Warren Glen Academy, I also agree to report any inappropriate activity to the supervising staff member.

Student User's Name: **Date:** _____

Student User's Signature: _____

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2026- 2027 SCHOOL YEAR

FIELD TRIP CONSENT FORM

My son/daughter _____is hereby granted permission to take field trips off the school grounds that are part of the activities of the Warren Glen Extended Year (Summer) Program and our regular School Year Program. I understand that a description of each trip, including any special requirements, will be sent home with my child before the trip. Furthermore, I understand that these activities will involve walking, swimming, or riding on a school vehicle or a contracted school bus.

It is also my understanding that every precaution will be taken for the safety of my child. In addition, I understand that proper supervision will be provided during the program. Therefore, my child may take the field trip and the school, Board of Trustees, and members of the staff are hereby released from any obligation in the event of injury to my child occurring as a result of participation in a field trip activity or litigation.

I give my son/daughter permission to attend events off school grounds.

_____ _____

Parent/Guardian Signature **Date**

I give my son/daughter permission to ride in a school van/vehicle.

_____ _____

Parent/Guardian Signature **Date**

I give my son/daughter permission to swim when attending water events. I understand that these events will have qualified lifeguards at all times.

_____ _____

Parent/Guardian Signature **Date**

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Reward Field Trip Permission Form
2026- 2027 School Year

Throughout the course of the year students will be rewarded for academic performance and good behavior as part of our Behavior Modification Program. That reward will come in the form of unscheduled local field trips, i.e. Local Park, McDonald's, pizza, Rita's, Jimmy's. This is a celebration of success, to motivate them to continue to perform at a high level. Trips may arise at the last minute; therefore, there may not be time to notify parents prior to the trip. By giving your consent, you agree that it is not necessary to notify you prior to the trip. If you would like your child to be able to participate on such field trips, please sign and return this form immediately. Al field trip requirements will be applicable for reward trip events.

____ I give my child, _____, permission to participate in the reward field trips.

____ I do not give my child, _____, permission to participate in the reward field trips.

_____ _____

Parent/Guardian Signature Date

WARREN GLEN
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Movie Permission Form
2026- 2027 School Year

As part of our program, we have planned specific movie viewing events and several trips to the local movie theater. Some of the films shown have a PG – 13 or a PG rating. Therefore, we need your permission for your child to view a movie with this rating. Please return the form below as soon as possible. All field trip requirements will be applicable for movie trip events.

I hereby give my permission for my child, _____, to accompany the summer program staff to a movie that may have PG rating.

_____ _____

Signature of Parent/Guardian **Date**

I hereby give my permission for my child, _____, to accompany the summer program staff to a movie that may have a PG – 13 rating.

_____ _____

Signature of Parent/Guardian **Date**

WARREN GLEN
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There will be sunscreen and insect repellent available for your child to use during outdoor activities at school and on field trips. Please sign below to consent to the following to be used for your child:

COPPERTONE ULTRA GUARD SPF 50 (clear spray, no rub) or equivalent if above is not available.

I give permission for my child to use the above sunscreen.

Name of Child _____

Parent/Guardian Signature: _____ Date_____

Off insect repellent spray or equivalent if above is not available.

I give permission for my child to use the above insect repellent.

Name of Child _____

Parent/Guardian Signature: _____ Date_____

WARREN GLEN
ACADEMY

2026- 2027 School Year

Dear Parents/Guardians:

Re: Custody Orders

In order for the personnel at Warren Glen Academy to provide you and your child with the proper custody release, it is necessary for us to know if your child is covered by a custody order. Please complete the information below and provide us with a copy of the Custody Order so that we will have a clear understanding of the way you would like Warren Glen Academy to handle your individual situation.

Please be advised, without a copy of a specific custody order on file, we cannot prevent a parent from removing a child from school.

Thank you for your assistance in this matter.

Sincerely,

Mr. Nicholas J. Cammarano
Executive Director

This will verify that I have exclusive custody of: _____

____ Yes, I am forwarding a copy for your records.

____ A copy was previously provided for your records.

____ No Restrictions on whom may be in contact.

Additional Note: _____

_____ _____

Parent/Legal Guardian Date

WARREN GLEN
ACADEMY

2026-2027 SCHOOL YEAR

Dear Parents/Guardians,

As per Board Policy #5330, we are informing you of the following information pertaining to the administration of medication, specifically in the use of a pre-filled auto-injector mechanism (also known as an Epi-Pen).

Our School Nurse, as well as staff members have been trained in the use of an auto-injector. The school and its employees shall have no liability as a result of any injury to a student arising from the administration of epinephrine via a pre-filled auto-injector mechanism.

Sincerely,

Nicholas Cammarano,
Executive Director

___I understand that the Warren Glen Academy shall incur no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism to the student and the parent shall indemnify and hold harmless the school and its employees or agents against any claims arising out of the administration or epinephrine via a pre-filled auto-injector mechanism to the student.

_____ _____
Print Name of Student Signature of Parent/Guardian

_____
Date

2026-2027 SCHOOL YEAR

Dear Parents/Guardians,

Warren Glen Academy requires a parent/guardian of a student who is absent to notify the school of the absence. Please do so by notifying the school nurse who will document the absence. I, the school nurse, will be calling the parent/guardian of an absent student if I do not receive a phone call notifying me of the absence. When calling, if you do not speak directly to me, please leave your child's name and date of absence. I would appreciate it also if you would leave a reason for the absence. By doing so, I am able to see if there is a trend of a type of illness that is going around the school. If you are kind enough to leave me a reason for the absence, it will be documented as such.

Please note that for your convenience, you may leave me a message regarding an absence or any other medical issue on my voice mail at any time. You do not need to wait until school opens in the morning to do so, especially if you need to leave for work early. Any messages left are confidential and only I can retrieve them. When you call the school number and a recording begins, you may press #3 or extension 109 to reach my office. You do not need to listen to the complete message before doing so. Please remember to report absences to me since I am the person who calls to confirm absences. If I do NOT receive a message. I will be glad to inform your child's teacher that you notified the school. If you know in advance that your child will be absent for an appointment, etc., you may call ahead and inform me. I will note it in my calendar, and you will not need to recall the day of the appointment.

If your child is seen by a physician, remember to ask for an excuse from school so that I can file the note in your child's medical file. Often school districts ask to see a student's attendance record. If I have any physician notes available, I will make the school district aware. Physician's note is required to return to school if absent three or more days.

A few reminders:
Please keep me updated regarding any medication changes made throughout the year for your child, even if I do not administer the medication in school. This permits me to better assess a child if they come to the health office with symptoms that may be attributed to a side effect of a new medication. It also allows me to have current information in case of an emergency, and the need arises that your child is sent to the hospital. It is important that the hospital is aware of medications taken. Even though you will be notified immediately of your child's need to go to the hospital, often with this information the medical personnel can begin to evaluate your child Immediately.

***It is extremely important to contact the school with any change in address or phone numbers. If you have a cell phone available, please notify us of the number, and also try to include an emergency contact person that is available during the day at home or cell phone number that you provide for them.

Some students will require a physical examination to attend school this year. Physicals are annually up until 4th grade (your grade 4 physical will be good through 6th grade) then one will be needed for grade 7-9, and then another one for grades 10-12. Please have the physical examination form completed and returned to school before or no later than the month of September, along with updated vaccinations. It is always helpful to have current medical information in a student's medical file.

As always, thank you for your cooperation. If you have any questions or concerns now or throughout the school year, please feel free to contact me at 908-995-1999 x 109. If I am not available, please leave me a message and I will return your call.

Thank you

School Nurse.

WARREN GLEN
ACADEMY

Dear Parent/Guardian of students who receive routine medication in school:

Please note that ALL medications are to be brought to the school in the original medication container dispensed by the pharmacy. State regulations require that all medications be dispensed from a pharmacy bottle. The correct dose must be printed on the label.
In order for the medication to be administered at school, the nurse must also have a written doctor's order. If the medication dose changes during the year, we must also have a current order for that change. Your child's physician may **fax** the order directly to Warren Glen Academy: **908-995-1994.** The medication must be brought to school by a parent/guardian or given to the bus driver, who in turn will deliver it to a staff member. The children are not allowed to carry/bring the medication to school. We regret any inconvenience this may cause you.

When your child has a few days' supply left at school, I will call or send a note home requesting a new supply. If you need the labeled bottle, please let me know. When returning a medication supply, please notify me of the quantity of pills dispensed if it differs from the existing pharmacy label.
Any questions or concerns please contact me at school, 908-995-1999, extension 109.

Thank you,

School Nurse

WARREN GLEN
ACADEMY

Student Health Questionnaire

It is very important that your child's school health records remain up to date. Please fill out this form with health information that would benefit the nurse or teacher in caring for your child.

Students Name:

_____ My child does not have any significant health problems currently.

****List all current Medical Diagnosis**_____
_____

Please be aware of: (please give dates)
Recent surgery_____
Serious injury or illness_____
Allergies: (include all allergies) _____
Recent boosters_____

******Please have physician's office send the confirmation of booster(s)\Immunizations to the school. Attention: school nurse**

Vision corrections: Wears glasses_____ Wears contacts_____ None _____

Hearing problems____ Seizures____ Asthma____ heart disease____ Hepatitis____ Diabetes____

Is your child taking medication currently? Yes___ No___

If so, please list **ALL** medications taken including AM and PM doses taken before and after school. List the name of medication, dosage and time taken. For medications to be administered in school **PLEASE ATTACH PHYSICIAN ORDER.**

_____
_____
_____

Physician's name & Phone number_____
Psychiatrist's name & Phone number_____
Parent/Guardian's Signature_____ **Date**_____

WARREN GLEN
ACADEMY

2026- 2027 SCHOOL YEAR

Dear Parent/Guardian:

Please read, sign and return to school. Any questions or concerns please feel free to contact the school nurse.

RE: Protocol for any suspected illness or rash that may be contagious.

It is at the discretion of the school nurse and school policy to determine if an illness of rash may be contagious. If the school nurse using her medical knowledge feels that a condition may jeopardize the health of other students, she will contact the student's parent or guardian and request that they come to school to take the child home. Depending on the physician's diagnosis, a minimum period of 24 hours of treatment is needed before returning to school with longer periods of time needed for some conditions. The child must present a physician's note stating the date the child my return to school and the treatment prescribed.

Upon receiving this note, the child will be allowed to return to school. In certain circumstances, the child may be asked to keep the area covered while in school, such as a rash, to protect the other students.

Some common conditions that you may receive a call to come pick up your child are as follows but not limited to:

Chicken Pox (Varicella)
Conjunctivitis (Pink Eye)
Impetigo
Measles
Mumps
Fifth's disease (rash with fever)
Poisons (such as poison ivy, oak, sumac)
Ringworm
Rubella (German Measles)
Scabies
Staph or Strep Infections

Parent Signature _____ Date: _____

WARREN GLEN
ACADEMY

Dear Parent/Guardian:

Attached please find the medication forms that you may need for your child. For medication to be administered in the school setting, a physician order in addition to parental permission needs to be on file. Please review the attached forms and contact me if you have any questions or concerns. I can be reached at 908-995-1999 ex 109. The following is a brief explanation of the attached forms.

1. **PRN medication form-** If you would like your child to be given Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Benadryl, or Tums as needed, please complete this form. Our school physician has given a standing order for these medications; however, I also need parental consent to administer these medications.

2. **Medication/Doctor's Order to dispense form-** This form is to be used for any **routine medication** order (medication that is administered each day) or **any other PRN** (as needed) medications besides the medications listed on our standing order form. The physician completes the top half, and the parent completes the bottom portion. Both sections need to be completed in order to administer the medication in school.

3. If your child has asthma and uses an inhaler, please have their physician complete the **Asthma Action Plan** form. As the parent, please be sure to also sign the form which gives consent for the use of the inhaler.

4. The form known as the **Permission for Self-Administration of Medication** form is required if you would like your child to be able to carry their epi-pen or inhaler. This is extremely useful, especially during a field trip when students are in various groups throughout the area. Inhalers and epi-pens are held in the health office while in school usually kept by the school nurse who accompanies the students on a field trip.

5. The **Allergy Form: If your child has the type of allergy which may require treatment (example, antihistamine or epi-pen) an allergy form must be completed by his/her doctor.**

6. ****Please note that if your child requires more than one medication to be administered in school, a separate medication form must be completed for each medication. If you need additional copies, please feel free to call the school.

7. If you have any questions regarding these forms, please feel free to contact me. You may leave a voicemail message with a return phone number for me to contact you. (My voicemail is confidential, my substitute being the only other person having access). During the summer months, my hours may vary. I will return your call as soon as possible. If, the issue is urgent, you may leave a message with a substitute nurse or the school secretary.

Warren Glen Academy

Allergy Action Plan (food or insect)

Student's Name: _____ **D.O.B.**_____

Allergy to: _____

Asthmatic: □ **YES*** □ **NO** ***Higher risk for severe reaction**

Step 1 Treatment

Symptoms:

If your child has any symptoms of an allergic reaction of any kind, Warren Glen Academy has standing orders from our school doctor to give Benadryl for a mild reaction, such as a rash or mild itching. If symptoms worse such as, severe hives/rash, swelling in the face and or tongue, nausea/vomiting/abdominal cramps, tightness in throat or trouble breathing, low blood pressure/fainting or pulse that is hard to feel, trained staff will administer an Epi-Pen appropriate for your child's age.

The severity of symptoms can quickly change. *Potentially life-threatening. By law we are to have on hand, two different Epi-pens. Epi-pen Jr. is for children who are under 66lbs., and the other is for anyone over 66lbs.

Epinephrine: Inject intramuscularly per child's weight/per our school doctor's standing orders.
Antihistamine: Benadryl will be given per our school doctor's standing orders.

If you want different antihistamine used, the school nurse will need a doctor's order and medication brought in by parents.

Other Antihistamine: _____
Medication/dose/route

Step 2: Emergency Calls to 911 and Parent/Guardian

1. **Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.**
2. Dr. _____ at _____
3. Emergency Contacts:

Name/relationship	Phone Numbers	
_____	1) _____	2) _____
_____	1) _____	2) _____
_____	1) _____	2) _____

Even if Parent/Guardian cannot be reached, do not hesitate to medicate or take child to Medical Facility

Parent/Guardian Signature _____ **DATE**_____

Doctor's Signature: _____ **DATE**_____

Warren Glen Academy

PERMISSION FOR ADMINISTRATION OF MEDICATION*

*To be accompanied by "Medication/Doctor's Order to Dispense" **or**"
"Order for Pre-filled, Single Dose Autoinjector Mechanism containing Epinephrine"

A pupil may be permitted to self-administer medication for asthma, allergic reaction to insect stings or other potentially life-threatening illnesses. The parent/guardian must present written authorization for the self-administration of the medication.

The child's physician must certify in writing that the child has asthma, or another life-threatening illness and that the child is capable of and has been instructed in the administration of the prescribed medication.

The parents/guardians must sign a statement acknowledging that Warren Glen Academy employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil, and that the parents/guardians shall indemnify and hold harmless the school and its employees or agents against any claims arising out of the self-administration of this medication by the pupil.

Your child's medication will be kept in the Health Office and provided as needed by M.D. directive. Please complete the form with the physician and return to the school nurse.

This permission must be renewed annually.

I request that my child _____, be provided with the medication stored in the Health Office: _____. I realize that Warren Glen Academy School, its employees or agents, shall incur no liability as a result of any condition or injury arising out of the self-administration of medication.

_____ _____
Parent/Guardian signature Date

Physician, please complete the following:

I certify that _____ has the following life-threatening condition
(Student Name)
_____ and that he/she is capable of and has been instructed in the proper self-administration of the following medication: (ex. Ventolin)
_____

_____ _____
Printed Name of Physician Physician's Signature

_____ _____ _____
Address Phone Date

_____ _____
Director's Signature Date

WARREN GLEN
ACADEMY

School year 2026- 2027

Dear Parent(s):

Re: Scoliosis Screening

Scoliosis is a lateral curvature of the spine most commonly detected during the adolescent growth period. It is estimated that between 5% and 10% of school children have such a curvature to varying degrees. However, only about 2% of these curvatures are significant. If someone else in the family has scoliosis, the likelihood of incidence is much higher- approximately 20%. The effect of scoliosis depends upon its severity, and its early detection and treatment.

Scoliosis screening is performed every two years between the ages of 10 and 18. The goal of this mass screening program is early identification, because curvatures can often be controlled if detected early. Students diagnosed with scoliosis should be under the care and supervision of a family healthcare provider or clinic. Referral to an orthopedist or orthopedic clinic may also be indicated.

Kindly complete this form and return it to me. Scoliosis screening will be part of the yearly health screening to begin in September.

Thank you,

School Nurse

___ I understand my child will be screened for scoliosis in the 2026/2027 school year.

___ My child is currently being followed by his/her physician for this screening or for treatment of this condition.

Physician name and phone number_____

____ Please do not perform this screening on my child.

** Please note that if this form is not returned, your child will be screened for scoliosis.

Signature of parent _____ Date _____

PARENTAL CONSENT TO SHARE HEALTH INFORMATION

Dear Parents/Guardians:

The laws regarding confidentiality and health information have become increasingly stringent. In order to ensure that your child's health needs are adequately met in school, it is important to share information with the teachers who are directly involved with your child. Before this information may be shared, we must have your written consent. Written/verbal information regarding your child's condition, symptoms to watch for, and action to take if a problem arises will be provided to the teachers indicated. If you do not want information shared with anyone on this list, please INITIAL the line that indicates this, and sign and date the bottom of this page. If you would like information to be shared with school staff, INITIAL next to each member that you are giving permission. This consent will be effective for the school year of July 2026-July 2027. You may waive this consent at any time by indicating this change in writing.

Student Name: _____ Birth date: _____

List health concerns: _____

Initial which staff members are permitted to have medical information about your child (substitutes will be given information on an "As needed" basis if covering for a staff member that you have granted permission)

Initial which staff members are permitted to have medical information about your child (substitutes will be given information on an "As needed" basis if covering for a staff member that you have granted permission.

___ Level I teacher and classroom aide

___ Level II teacher and classroom aide

___ Level III teacher and classroom aide

___ Level IV teacher and classroom aide

___ Administration

___ Reflection Room Staff

___ Speech Teacher

___ Art Teacher

___ Tech Ed Teacher

___ Other (please indicate) _____

I give my consent for the school nurse to provide the staff members indicated above written/verbal information regarding the management of health concerns for my child.

____ Initial if you do NOT want your child's information shared with any staff members.

Parent/Guardian signature: _____ INITIALS_____ Date: _____

**** You must INITIAL for this form to be valid. Check mark will not be accepted. ****

WARREN GLEN
ACADEMY

There will be sunscreen and insect repellent available for your child to use during outdoor activities at school and on field trips. Please sign below to consent to the following to be used for your child:

COPPERTONE ULTRA GUARD SPF 50 (clear spray, no rub) or equivalent if above is not available.

I give permission for my child to use the above sunscreen.

Name of Child

Parent/Guardian Signature: _____ Date_____

Off insect repellent spray or equivalent if above is not available.

I give permission for my child to use the above insect repellent.

Name of

Parent/Guardian Signature: _____ Date_____

WARREN GLEN
ACADEMY

2026- 2027 School Year

Dear Parent/Guardian:

As per Board Policy #5330, we are informing you of the following information pertaining to the administration of medication, specifically in the use of a pre-filled auto-injector mechanism (also known as an Epi-Pen).

Our School Nurse, as well as staff members have been trained in the use of an auto-injector. The school and its employees shall have no liability as a result of any injury to a student arising from the administration of epinephrine via a pre-filled auto-injector mechanism.

Sincerely,

Mr. Nicholas J. Cammarano
Executive Director

____ I understand that the Warren Glen Academy shall incur no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism to the student and the parent shall indemnify and hold harmless the school and its employees or agents against any claims arising out of the administration of epinephrine via a pre-filled auto-injector mechanism to the student.

_____ _____
Print Name of Student Signature of Parent

_____
Date

Warren Glen Academy

PRN MEDICATIONS

Our School Physician has written standing orders allowing the School Nurse to administer Acetaminophen (Tylenol) or Ibuprofen (Advil/Motrin) for fever or pain, Benadryl for allergic reaction and Tum (s) for GI discomfort, provided written permission is granted by the parent/guardian.

Please indicate your permission below, by signing for **EACH** medication separately that you are giving permission to administer as needed.

Student Name _____ Date of Birth _____

Allergies: _____

The School Nurse has my permission to administer the following:

Acetaminophen (Tylenol) Parent/Guardian signature _____

Ibuprofen (Advil/Motrin) Parent/Guardian signature _____

Benadryl Parent/Guardian signature _____

Tum Parent/Guardian signature _____

Parent/Guardian PRINT name _____ Date _____

***Please note, if your child will need any other medication beside the four medications listed above, you will need to obtain a Physician's order from your child's physician. Please request medication forms from the School Nurse if you do not already have one. Medication orders are only good for one school year and need to be renewed yearly.

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

   b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration. *Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

   c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. **Behavioral/Mental Health Issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.

APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)*	*(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -	
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -	

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No	
Abnormalities Noted:	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note If Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ *I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.*

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Copy-Original Child Care Provider — Copy-Parent/Guardian — Copy-Health Care Provider

WARREN GLEN
ACADEMY

To: Parents, Staff and Employees

RE: Notification of Asbestos Inspections and Response

2026-2027 SCHOOL YEAR

From: Nicholas Cammarano

In compliance with the Environmental Protection Agency (EPA) and the Asbestos Hazard Emergency Response Act (AHERA), in 2025, an inspection of our school building for asbestos containing material was performed. The Inspection findings and asbestos management plan have been on file in the main office since that time. Although building materials containing asbestos are present in the Warren Glen Academy, they have been determined not to be of any danger to the occupants.

The EPA requires our district to perform re-inspections of asbestos containing materials every six months. In addition, every three years an extensive reinspection must be performed by an accredited asbestos inspector and an accredited planner who must review the results and make necessary recommendations to safely manage the asbestos in our building. All these written inspection reports are on file in the main office for your review.

Everyone is welcome to view the management plan and/or written results of the inspection during normal school hours. Please call the school for an appointment if you desire to view any of these documents.

WARREN GLEN
ACADEMY

2026-2027 SCHOOL YEAR

Dear Parents/Guardians:

Please be advised that this letter serves as formal notification that in the event your child causes damage to the school property including but not limited to textbooks, equipment, materials and/or physical plant (building) you will be responsible for the cost of repair or replacement of the item(s) damaged.

This is in accordance with school board policy #5513.

Sincerely,

Nicholas Cammarano
Executive Director

WARREN GLEN
ACADEMY

DRESS CODE

Especially as children get older, the way they dress for school has both educational and emotional implications. Our goal is to provide a structure that is both safe and educational for students with respect to their attire. It is expected that Warren Glen Academy students and parents will exercise sound judgment and good taste in determining what to wear to school.

Board of Trustee Policy #5511 strictly prohibits clothing and grooming which:

- Presents a hazard to the health or safety of the student or others.
- Interferes with schoolwork, creates disorder or disrupts the educational program.
- Causes excessive wear or damage to school property.
- Prevents a student from achieving his/her own educational objectives because of blocked vision or restrictive movement.

The following guidelines are examples of inappropriate attire for school:

- Shredded, ripped or cut-off clothing, bare midriff (belly shirts), see-through clothing that exposes the torso, underwear that is visible, beachwear, strapless tops, spaghetti strap tops, halter tops, cut-off shirts, and sleeveless athletic jerseys are not permitted.
- Tank tops may be worn but need to cover the entire torso including sides and chest. Cleavage cannot be visible.
- Shorts and shirts must be long and loose enough to allow freedom of movement and should be no shorter than the child's fingertips when arms are fully extended and relaxed.
- Writing/lettering on the seat of the pants is not allowed.
- Attire, including buttons and patches, with inappropriate, derogatory, or offensive sayings or graphics is not permitted in school.
- Clothing that advertises drug, alcohol or tobacco products is not permitted.
- Sunglasses, hats, bandanas and hoods are not to be worn during the school day.
- For safety reasons, footwear must secure both the front and back of each foot. This means no flip-flops, open-heeled shoes or sandals or clogs. No open toe shoes are permitted for Physical Education or in the Industrial Arts room.
- All pants, shorts and skirts should not reveal bare midriffs or under garments during any normal actions including standing, sitting and leaning over. Any loose pants must be secured with a belt. Underpants are not to be seen.
- Pajamas and sleepwear, including slippers, are prohibited.

The Board of Trustees prohibits pupils from wearing, while on school property, any type of clothing, apparel or accessory which indicates that the pupil has membership in, or affiliation with, any gang associated with criminal activities. The local law enforcement agency will advise the Board, upon request, of gangs which are associated with criminal activities.

WARREN GLEN
ACADEMY

Policy #5512.01 – Harassment, Intimidation and Bullying General Guidelines

2026-2027 SCHOOL YEAR

To: Parents/Guardians
From: Nicholas Cammarano, Executive Director

The Board of Trustees prohibits acts of harassment, Intimidation or bullying. A safe and civil environment in school is necessary for students to learn and achieve high academic standards while enhancing student's social and emotional growth. Harassment, Intimidation or bullying, like other disruptive or violent behaviors, is conduct that disrupts both a student's ability to learn and a school's ability to educate its students in a safe environment.

"Harassment, intimidation, and bullying" constitutes any gesture, written, verbal or physical act that takes place on school property, at any school – sponsored function or on a school bus.

Warren Glen Academy will enforce consequences and appropriate actions for said behaviors: The following will be considered in determining the appropriate measure to students who commit one or more acts of harassment, intimidation or bullying:

1. The classifications of students involved
2. The developmental and maturity levels of students involved
3. The surrounding circumstances
4. The nature of the behavior(s)
5. Past incidences or continuing patterns of behavior
6. The relationships between the parties involved
7. The context in which the alleged incidents occurred

Each incident will be reviewed by the proper and designated personnel on an individual basis. Pursuant to N.J.S.A. 18A:37-17,©, information regarding the schools Harassment, Intimidation, and Bullying Policy shall be incorporated into a school employee training program.

WARREN GLEN
ACADEMY

2026-2027 SCHOOL YEAR

To: Parents/Guardians

The Child nutrition and Women, Infants & Children (WIC) Reauthorization Act of 2004, sections 204, requires each local education agency participating in any federal funded Child Nutrition Programs to develop a local school wellness policy by September 2006. Warren Glen Academy does participate in the Child Nutrition Program; therefore, a wellness policy has been developed which encompasses providing healthy meals, snacks, and daily exercise.

Childhood obesity is on the rise. Warren Glen Academy began last year, before the state guidelines were effective, to change our beverage and snack policy. We began to slowly phase out beverages that had a higher content of sugar and no other nutritional value. We introduced healthier snacks, such as fresh fruit and vegetables, along with traditional snacks of chips and cookies. The difference with our chips and cookies that we provide is the serving size, fewer calories, and less fat and sugar. These snacks are purchased from a supplier who follows the guidelines set forth by the State of New Jersey.

Foods of minimal nutritional value (FMNV) may not be served on school property at any time before the end of the school day. This includes ALL soda, power drinks, and all forms of candy. **Please do not send soda or candy with your child for lunch so that we may stay in compliance with the Child Nutrition guidelines.** If you send these items, we will return them to home. This also includes diet soda which this falls under the category of FMNV. The only exception is holiday celebrations in school. Even with this exception, the state encourages us to find healthier alternatives. The school store will also be following the state guidelines; therefore, no candy will be available for purchase.

Good nutrition can advance the performance of academics along with physical abilities. As parents/guardians, please help us in our efforts to promote wellness for your child. Providing them with healthy food choices will enhance their abilities to later make these healthy choices on their own, while combating problems associated with poor nutrition and inactivity.

Thank you.

Nicholas Cammarano, Executive Director

WARREN GLEN
ACADEMY

2026-2027 SCHOOL YEAR

Dear Warren Glen Academy Parents/Guardians,

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents/guardians certain rights with respect to their children's education records. Parents and or eligible students have the right to review their educational records and request any items to be corrected that they deem to be inaccurate or misleading. For the most part, schools must have written permission from the parent or eligible student to release any information from the student's file. However, FERPA does allow schools to disclose records without consent to the following person(s) or under certain conditions:

- School officials with legitimate educational interest.
- Other schools to which a student is transferring (only those documents generated at present receiving school)
- Specified officials for audit or evaluation purposes
- Appropriate parties in connection with financial aid to a student
- Organizations conducting certain studies for the school
- Accrediting organizations
- To comply with a judicial order or lawfully issued subpoena
- Appropriate officials in cases of health and safety emergencies
- Juvenile justice system, pursuant to specific State law.

Schools may disclose without active consent, directory information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance as long as parents and eligible students are given time to request this information not to be disclosed.*

Nicholas Cammarano, Executive Director

*U.S. Department of Education, Family Educational Rights and Privacy Act. Retrieved 8/18/03 from WWW:http:/www.ed.gov/offices/011/fpc/ferpa/ 4/19/2012