

MILLTOWN SCHOOL DISTRICT

Milltown, New Jersey 08850 – 1643

www.milltownps.org

Linda A. Madison, Ed. D.
Superintendent of Schools
Principal, Parkview School
80 Violet Terrace
(732) 214-2365
(732) 214-2360
FAX: (732) 214-2376

Janet S. Ferlazzo
Principal, Joyce Kilmer School
21 West Church Street
(732) 214-2370
FAX: (732) 214-2378

Loriann Dekovics
Business Administrator/Board Secretary
Milltown Board of Education
80 Violet Terrace
(732) 214-2365
FAX: (732) 249-7985

Margaret V. Csaszar
Director of Student Support Services
Joyce Kilmer School
21 West Church Street
(732) 214-2365
FAX: (732) 214-2377

RETURN TO SCHOOL NOTE FOR INFLUENZA (FLU) LIKE ILLNESS 2009 - 2010 PANDEMIC PERIOD

Date: _____

Student's Name: _____ Grade: _____

My child has been fever free for 24 hours without the use of **any** medication that has fever reducing ingredients. (Many medications may contain fever reducing ingredients such as ibuprofen and acetaminophen. Please read the label and consult with your health care provider or pharmacist if you have any questions.)

Initial Date of Illness (if available): _____

Date and time of **last** documented temperature over 100°F:

Date: _____ Time: _____

Date and time of **last** dose of any medication with fever reducing ingredients:

Date: _____ Time: _____

Name of parent/guardian: _____

Signature: _____ Date: _____

Contact Information: _____

School Nurse Review:

_____ Approved for return to school

Return Date: _____

_____ Denied request to return to school

Reason: _____

School Nurse Name: _____ Date: _____

School Nurse Signature: _____