PILLAR
CARE CONTINUUM

Pillar High School
71-77 Okner Parkway
Livingston, NJ 07039

(973) 535-1999
Fax: (973) 535-1262/1268
Website: www.pillarnj.org

2026-2027 SCHOOL YEAR

Student's Name: _____

Please initial each line-item and sign below to acknowledge receipt and understanding of the Pillar High School Policies as follows:

_____ I have received the back-to-school packet and understand that the forms are due back **no later than** my child's first day of school.

_____ I understand that a physical and updated immunization record is due **annually**.

_____ I understand that my child's action plan (Seizure, Feeding, FARE, Asthma, etc.) will need to be reviewed annually according to the date on the document and/or if there are any changes to the emergency care parameters or medication(s).

_____ I understand that if my child is out for a surgical procedure, visits the emergency room or is hospitalized, a "Medical Clearance" form **MUST** be provided prior to sending my child back to school.

_____ I have read and understand the absence reporting protocol and that if my child is absent, it is my obligation to notify the school nurses via email or phone.

_____ I understand that if my child is absent for 3 **or more** consecutive days, that a doctor's note or "Medical Clearance" form is required.

_____ I understand that if the school calls to pick up my child due to an illness, that I shall arrive within 1 **hour**.

_____ I understand that **ALL** medication requires a "Medication Treatment Order" form signed by the MD, that all medication is to be provided in its original container, and the container MUST have a non-expired date on it.

_____ I further understand that all medical issues and/or medication changes, additions or administrations should be communicated directly with the school nurses.

_____ I understand that the emergency contact card for my child needs to contain the most up to date information so that PHS staff can get in touch with someone during an emergency.

_____ I understand it is my responsibility to update PHS with any changes to the emergency contact information.

Parent's Signature: _____ Date: _____

This form MUST be returned with your child's medical forms!