City of Burlington Public Schools  
Burlington, New Jersey

I have received the following information from the School Nurse:

1) Explanation of Workmen’s Compensation Forms  
2) Staff Emergency Information (to be completed and returned)  
3) Preventing Falls on the Stairs  
4) School Safety Regulation #7430  
5) Lifting Properly  
6) Cold Weather Safety Bulletin  
7) Health Precautions in the Workplace  
8) A baggie containing gloves and band aids  
9) Nutrition Policy  
10) Release, Waiver of Liability (to be completed and returned)

Please sign and return to the school nurse along with your completed emergency information and signed waiver. Your information will be kept confidential in the nurse’s office.

Staff Name: ________________________________

Staff Signature: ___________________________ Date: ____________