## MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT



## 8 43<sup>RD</sup> STREET CENTEREACH, NY 11720 631-285-8650 631-285-8151 (fax) www.mccsd.net

Roberta A. Gerold, Ed.D., Superintendent of Schools Francine McMahon, Deputy Superintendent for Instruction Beth Rella, Ed.D, Assistant Superintendent for Business James G. Donovan, Assistant Superintendent for Human Resources Joseph Mercado, Director of Health, Physical Education & Athletics

## **Health and Dental Examination Requirements**

Dear Parents/Guardians,

Date:

New York State law requires a health examination for all students **entering the school district for the first time or re-entering the district, and when entering Pre-K or K, 1**<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup> **and 11**<sup>th</sup> **grade**. The examination must be completed by a New York State licensed physician, physician assistant or nurse practitioner.

A dental certificate which states your child has been seen by a dentist or dental hygienist is also asked for at the same time. The school will provide you with a list of dentists and registered dental hygienists who offer dental services on a free or reduced cost basis if you ask for it.

- A copy of the health examination must be provided to the school within 30 days from when your child first starts at the school, and when your child starts Pre-K or K, 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup> & 11<sup>th</sup> grades. If a copy is not given to the school within 30 days, the school will contact you.
- If your child has an appointment for an exam during this school year that is after the first 30 days of school, please notify the Health Office with the date.
- For your convenience, a physical exam form and dental certificate for your health care providers is enclosed.
- Communication between private and school health staff is important for safe and effective care at school.
  Your healthcare provider may not share health information with school health staff without your signed permission. Please talk to your provider about signing their consent form for the school at the time of your child's appointment for the examination.

We suggest you make copies of the completed forms for your own records before sending them to the school health office. Forms may also be faxed to the number below.

Sincerely,

School Nurse: Dominika Leon, RN		School: Stagecoach
Phone #: 631-285-8744	Fax: 631-285-8748	Email: dleon@mccsd.net