



**CENTEREACH HIGH SCHOOL**  
**14 43<sup>rd</sup> Street, Centereach, NY 11720**

**Thomas Bell, Principal**

Superintendent of Schools  
Roberta A. Gerold, Ed.D.

Assistant Principals

Steven Mercorella  
Danielle Rapisarda  
Angelina Saladino

August 2024

Dear Parent/Guardian:

Welcome back to the 2024/2025 school year at Centereach High School. The Administrative Team and I are ready to greet all students into our building on Wednesday, September 4<sup>th</sup>. We welcome our new Assistant Principal, Mrs. Saladino to our CHS family. Open communication and parental involvement are key to our students' success and we look forward to continuing to build working relationships with you and your student based on trust and mutual respect. Please know that we welcome your positive energy as we embark on what is sure to be a most productive and exciting school year.

Enclosed with this mailing you will find:

1. Emergency Contact Cards (9<sup>th</sup> and 11<sup>th</sup> grade);
2. Health Exam Form (9<sup>th</sup> and 11<sup>th</sup> grade);
3. Immunization Form (11<sup>th</sup> and 12<sup>th</sup> grade);
4. Medication Delivery Letter (9<sup>th</sup> through 12<sup>th</sup> grades);
5. Physical and Screenings Letter (9<sup>th</sup> and 11<sup>th</sup> grade); and
6. PTA Membership Form.

As in the past, our "Virtual Backpack" located on our school website contains additional documents which you may need to access periodically throughout the school year. At this time please familiarize yourself with our school website and our "Virtual Backpack" contents.

**FRESHMAN ORIENTATION**

This year, Freshman Orientation will take place on Wednesday, August 28, 2024 from 10:30 – 12:30 pm. Please note that this Orientation is for **STUDENTS ONLY**. Parents are responsible for dropping off and picking up their child. **BUSES ARE NOT AVAILABLE.**

**SENIOR PARKING PERMITS/MANDATORY WORKSHOPS**

To be eligible to park in our student lot, our senior students and their parent/guardian **MUST** attend a Safe Driving Workshop at either Centereach HS on Thursday, September 5<sup>th</sup> at 7pm or Monday, September 9<sup>th</sup> at Newfield HS at 7pm. Choose whichever date works best for you. This workshop

is for students who have or plan to obtain a CLASS D LICENSE and wish to park in the student parking lot during the 24/25 school year. Any questions regarding our senior parking privileges/permits can be answered by contacting the East Suite at (631) 285-8140.

### **TRANSPORTATION**

Bus information for students in grades 9 - 12 is on the PowerSchool parent/student portal. There will be no mailings from transportation. If you have a particular question, please call Transportation directly at (631) 285-8880.

### **FALL ATHLETICS**

Every student is required to pass a Sports Physical Examination in order to be eligible to participate in athletics. For further information, please call Mr. Joseph Mercado, Athletic Director.

### **STUDENT ATTENDANCE POLICY**

In order to be eligible to receive credit, students must attend class at least 85% of the time. Thus, the following:

- ☐ Full-year course – Student will be denied credit on the 28<sup>th</sup> absence.
- ☐ Half-year course – Student will be denied credit on the 14<sup>th</sup> absence.
- ☐ Lab Science course – Student will be denied credit on the 41<sup>st</sup> absence.

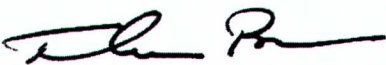
The policy addresses students that face extenuating circumstances regarding their school attendance via the appeals process. For further information and details regarding all District policies, please visit the official Middle Country website at [www.mccsd.net](http://www.mccsd.net).

### **WEBSITE/E-MAIL INFORMATION**

During the course of the year, please refer to our school website for information you may need regarding activities, dates and upcoming events. Through our website and e-mail, you will be able to communicate with all of your student's teachers and is the most efficient and effective way to communicate with a staff member.

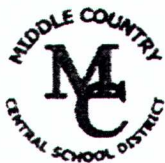
It is the hope of our faculty and staff that the upcoming 2024/2025 school year will be a wonderful learning experience for our students from start to finish! See you on Wednesday, September 4.

Sincerely,



Thomas Bell  
Principal

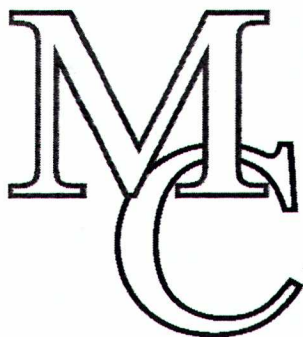
TB/cs  
Enclosures



The mission of the MCCSD is to empower and inspire all students to apply the knowledge, skills, and attitudes necessary to be creative problem solvers, to achieve personal success, and to contribute responsibly in a diverse and dynamic world.



# MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT



145 MARSHALL DRIVE • SELDEN, NY 11784  
631-285-8650 • 631-285-8151 (fax) • [www.mccsd.net](http://www.mccsd.net)

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

## Health Services Office

145 Marshall Drive  
Selden, NY 11784

**Date: August 1, 2024**

**Nurses:** Kerri Mirabella, BSN-RN & Ryan Nelson, BSN-RN  
**Phone:** 631-285-8133

**School:** Centereach High School  
**Fax:** 631-285-8198

Dear Parent/Guardian:

The district's School Health Services program supports your student's academic success by promoting health in the school setting. One way that we provide care for your student is by performing the health screenings as mandated by the State of New York.

During this school year, the following screenings will be required or completed at school:

### Vision

Near Vision testing and color perception screening for all newly enrolled students and K, 1, 3, 5, 7, and 11<sup>th</sup> grades.  
Distance screening for newly enrolled students and students in Pre-K, Kindergarten, 1, 3, 5, 7, and 11<sup>th</sup> grades.

### Hearing

Screening will be done for all newly enrolled students and students in Pre-K, Kindergarten, 1, 3, 5, 7, and 11<sup>th</sup> grades.

### Scoliosis

Scoliosis (curvature of the spine) screening for girls in grades 5 & 7, and boys in grade 9.

### Health Appraisal

A physical examination including Body Mass Index with Weight Status Category is required for **all newly enrolled students** and students in Pre-K, Kindergarten, 1, 3, 5, 7, 9 and 11<sup>th</sup> grades. Should the physical not be supplied within thirty days of the first day of school an appointment will be scheduled for your child with the District Physician.

### Dental Certificates

A dental certificate is requested for all newly enrolled students and students in Pre-K, Kindergarten, 1, 3, 5, 7, 9, & 11<sup>th</sup> grades.

A letter will be sent home if there are any findings on the screening done at school that would cause concern or need medical follow-up. Please call the school's Health Office if you have any questions or concerns.

The mission of the MCCSD is to empower and inspire all students to apply the knowledge, skills, and attitudes necessary to be creative problem solvers, to achieve personal success, and to contribute responsibly in a diverse and dynamic world.



**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**  
**TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**  
**IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

**STUDENT INFORMATION**

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

**HEALTH HISTORY**

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Seizures	Type: Date of last seizure: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

**Risk Factors for Diabetes or Pre-Diabetes:** Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI \_\_\_\_\_ kg/m2

Percentile (Weight Status Category): ☐ < 5<sup>th</sup> ☐ 5<sup>th</sup>-49<sup>th</sup> ☐ 50<sup>th</sup>-84<sup>th</sup> ☐ 85<sup>th</sup>-94<sup>th</sup> ☐ 95<sup>th</sup>-98<sup>th</sup> ☐ 99<sup>th</sup> and >

Hyperlipidemia: ☐ Yes ☐ Not Done

Hypertension: ☐ Yes ☐ Not Done

**PHYSICAL EXAMINATION/ASSESSMENT**

Height:	Weight:	BP:	Pulse:	Respirations:
<b>Laboratory Testing</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Lead Level Required for PreK &amp; K</b>
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ $\mu\text{g/dL}$
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

☐ System Review Within Normal Limits

☐ Abnormal Findings – List Other Pertinent Medical Concerns Below (e.g., concussion, mental health, one functioning organ)

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

Diagnoses/Problems (list)

ICD-10 Code\*

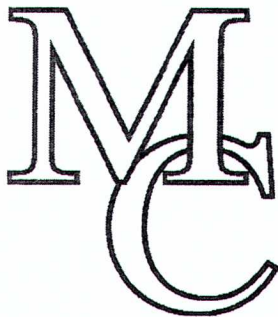
☐ Additional Information Attached

\*Required only for students with an IEP receiving Medicaid



Name:		Affirmed Name (if applicable):		DOB:	
<b>SCREENINGS</b>					
<b>Vision &amp; Hearing Screenings Required for PreK or K, 1, 3, 5, 7, &amp; 11</b>					
<b>Vision</b>	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Not Done</b>
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>
<b>Notes</b>					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					<b>Not Done</b>
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes		<input type="checkbox"/>
<b>Notes</b>					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	<b>Not Done</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
<b>FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK</b>					
<input type="checkbox"/> *Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act					
<input type="checkbox"/> Student may participate in all activities without restrictions.					
<b>If Restrictions Apply</b> – Complete the information below					
<input type="checkbox"/> Student is restricted from participation in:					
<input type="checkbox"/> <b>Contact Sports:</b> Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.					
<input type="checkbox"/> <b>Limited Contact Sports:</b> Baseball, Fencing, Softball, and Volleyball.					
<input type="checkbox"/> <b>Non-Contact Sports:</b> Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.					
<input type="checkbox"/> <b>Other Restrictions:</b>					
<b>Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 &amp; 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.</b>					
<b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
<input type="checkbox"/> <b>Other Accommodations*:</b> (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.					
<small>*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.</small>					
<b>MEDICATIONS</b>					
<input type="checkbox"/> Order Form for medication(s) needed at school attached					
<b>COMMUNICABLE DISEASE</b>			<b>IMMUNIZATIONS</b>		
<input type="checkbox"/> Confirmed free of communicable disease during exam			<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
<b>HEALTHCARE PROVIDER</b>					
Healthcare Provider Signature:					
Provider Name: (please print)					
Provider Address:					
Phone:			Fax:		
<b>Please Return This Form to Your Child's School Health Office When Completed.</b>					





**MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT**  
**HEALTH SERVICES**

**8 43<sup>RD</sup> STREET • CENTEREACH, NY 11720**

**631-285-8650 • 631-285-8151 (fax) • [www.mccsd.net](http://www.mccsd.net)**

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Dear Parent or Guardian,

Date: August 1, 2024

Health care provider and parent permission is needed for all prescription and over the counter (OTC) medications used at school or school-sponsored activities.

- Parents/guardians are responsible for having medications delivered directly to the school in a properly labeled original container by an adult, unless the student has a health care provider attestation to carry and use their medication independently (see below).
- Please bring all medication directly to the school health office.
- If your child's health care provider decides your child can carry and use their diabetes, asthma or epinephrine auto-injector medication independently and you wish them to do so, they must put in writing (attest) that your child can do so safely. We have a form they can use to provide this information if they wish.
- Please provide emergency action plan from physician in the event of life-threatening allergies
- Please ask the pharmacist to give you a **labeled container for prescription medications** so we can send this bottle on field trips.
- Sending **small containers of any OTC medications** makes it easier to send the correct amount needed on field trips and comply with New York State laws pertaining to medication storage.

Medication forms must be completed and are available on our district web site or may be obtained from the School Health Office. Your physician may use their own form if desired.

We will be available for medication drop off from **8am-2pm on September 4, 2024.**

If you need to make special arrangements to drop off medication, please call to make these arrangements.

Thank you in advance for your cooperation

Nurse: Kerri Mirabella, BSN-RN & Ryan Nelson, BSN-RN

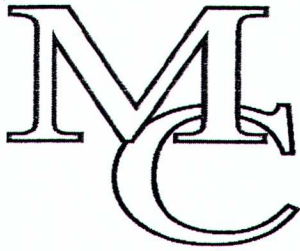
Phone: 631-285-8133

Fax: 631-285-8198

Email: [Kmirabella@mccsd.net](mailto:Kmirabella@mccsd.net)

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT  
DEPT OF HEALTH, PHYSICAL EDUCATION & ATHLETICS

145 MARSHALL DRIVE • SELDEN, NY 11784  
631-285-8650 • 631-285-8151 (fax) • [www.mccsd.net](http://www.mccsd.net)



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**NYSCSH PROVIDER ATTESTATION & PARENT PERMISSIONS FOR INDEPENDENT MEDICATION CARRY AND USE**

**Directions for the Health Care Provider:** This form may be used as an addendum to a medication order which does not contain the required diagnosis and attestation for a student to independently carry and use their medication as required by NYS law. A **provider order** and **parent/guardian permission** are needed in order for a student to carry and use medications that require rapid administration to prevent negative health outcomes. These medications should be identified by checking the appropriate boxes below.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Health Care Provider Permission for Independent Use and Carry**

I attest that this student has demonstrated to me that he or she can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. This order applies to the medications checked below:

This student is diagnosed with:

- ☐ Allergy and requires Epinephrine Auto-injector
- ☐ Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- ☐ Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- ☐ \_\_\_\_\_ which requires rapid administration of \_\_\_\_\_  
(State Diagnosis) (Medication Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Permission for Independent Use and Carry**

I agree that my child can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to School Nurse:**

Phone #: 631-285-8133	Fax: 631-285-8198	Email: <a href="mailto:Kmirabella@mccsd.net">Kmirabella@mccsd.net</a>
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## Centereach High School PTSA

Lettice Washington, President  
Nichol Vanore, 1st Vice President  
Staci Landi, 2nd Vice President  
Jennifer Mitchell, Treasurer  
Karen Paoli, Recording Secretary  
Linda Siedlecki, Corresponding Secretary  
Nancy Graziano, Council Delegate

Welcome CHS Faculty, Families, and Friends,

The Centereach High School PTSA Board and I would like to welcome you all to a new school year! We are so excited to work with our supportive administration to create a memorable 2024-2025 high school experience. Our goals include providing programs and events that empower families to support student success.

We invite you to attend our monthly PTSA meetings which are usually held on the second Tuesday of the month at 7:00pm. Our first meeting is scheduled for September 17, 2024. These meetings provide our CHS community with an opportunity to hear information about school events and programs first hand and provide input for future programs and events. A list of meeting dates and location will be on the PTSA tab of the CHS page of the district website <https://www.mccsd.net/domain/177>.

We invite all of you to become part of the CHS PTSA. Parents, guardians, students, teachers, administrators, staff and community members are all welcome to enroll. Joining the PTSA is a great way to support our school and our children. Money raised from PTSA memberships and other fundraising events throughout the year goes directly to programs benefiting our school community. Visit <https://chsptsa.memberhub.com/store> to purchase a membership via our online store..

Please feel free to reach out with any questions or concerns to [centereachhighptsa@gmail.com](mailto:centereachhighptsa@gmail.com). We look forward to working with you for a wonderful 2024-2025 school year!

Sincerely,  
Lettice Washington  
Centereach High School PTSA President

### CHS PTSA Membership Form

Standard, Teacher/Staff membership = \$10

Student Membership = \$5

Member Name	Email	Phone	Standard, Student, or Teacher/Staff

Total Members: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Memberhub([chsptsa.memberhub.com/store](https://chsptsa.memberhub.com/store)) \_\_\_\_\_

### **PTSA Use Only**

Date Received: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Memberhub \_\_\_\_\_



**CENTEREACH HIGH SCHOOL**  
**2024/2025**  
**ALPHA SUITE BREAKDOWN**

	<b>WEST SUITE (285-8160)</b>		<b>EAST SUITE (285-8140)</b>		<b>NORTH SUITE (285-8180)</b>	
<b>ASSISTANT PRINCIPALS</b>	<b>MR. MERCORELLA</b>		<b>MRS. SALADINO</b>		<b>MS. RAPISARDA</b>	
<b>GUIDANCE COUNSELOR</b>	<b>MS. BLIEBERG</b>	<b>MS. SHUMWAY</b>	<b>Mr. SIRAGUSA</b>	<b>MR. RIVERA</b>	<b>MS. THOMAS</b>	<b>MS. CIFUNI</b>
<b>Grades</b>	<b>9<sup>TH</sup> – 12<sup>th</sup> A-C</b>	<b>9<sup>th</sup> – 12<sup>th</sup> D-Ga</b>	<b>9<sup>th</sup> - 12<sup>th</sup> Ge-La</b>	<b>9<sup>th</sup>-12<sup>th</sup> – Le -N</b>	<b>9<sup>th</sup>-12<sup>th</sup> – O - Sc</b>	<b>9<sup>th</sup> – 12<sup>th</sup> – Se - Z</b>



# Centereach H.S.

## Bell Schedule

### 2024/2025 SCHOOL YEAR

Period 1	7:05 – 7:46	41 minutes
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**7:46 – 7:50 ANNOUNCEMENTS (4 minutes)**

Period 2	7:54 – 8:35	41 minutes
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Period 3	8:39 – 9:20	41 minutes
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Period 4	9:24 – 10:05	41 minutes
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Period 5	10:09 – 10:50	41 minutes
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Period 6	10:54 – 11:35	41 minutes
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Period 7	11:39 – 12:20	41 minutes
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Period 8	12:24 – 1:05	41 minutes
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Period 9	1:09 – 1:50	41 minutes
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**41 minutes/class; 4 minutes/passing time**





# CENTEREACH HIGH SCHOOL

2024/2025



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Thomas Bell, Principal

285-8105 (Main Office)

Assistant Principals:

Steven Mercorella

285-8160 (West Suite)

Angelina Saladino

285-8140 (East Suite)

Danielle Rapisarda

285-8180 (North Suite)

Nurse

285-8133/34

Attendance

285-8170



MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT  
ANNUAL EMERGENCY HOME CONTACT - NURSE'S OFFICE

Date \_\_\_\_\_

Room \_\_\_\_\_ Grade \_\_\_\_\_

PLEASE CHECK IF ADDRESS OR PHONE NUMBER HAS CHANGED SINCE LAST YEAR \_\_\_\_\_

PLEASE PRINT

CHILD'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ SEX M \_\_\_\_\_ F \_\_\_\_\_  
(LAST) (FIRST)

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_ MOTHER CELL \_\_\_\_\_  
(HOUSE NO. & STREET) (TOWN & ZIP)

FATHER CELL \_\_\_\_\_

FATHER/GUARDIAN NAME \_\_\_\_\_ MOTHER/GUARDIAN NAME \_\_\_\_\_

ADDRESS & TOWN IF DIFFERENT FROM CHILD'S

ADDRESS & TOWN IF DIFFERENT FROM CHILD'S

IF SCHOOL CANNOT GET IN TOUCH WITH EITHER OF ABOVE, PLEASE NAME TWO LOCAL FRIENDS OR RELATIVES WHO MAY BE CALLED UPON TO ASSUME RESPONSIBILITY IF CHILD IS ILL:

NAME \_\_\_\_\_ NAME \_\_\_\_\_

(ADDRESS & TOWN)

(ADDRESS & TOWN)

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

LOCAL PHYSICIAN to be called in EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN PLACE OF EMPLOYMENT

FATHER/GUARDIAN

PHONE

MOTHER/GUARDIAN

PHONE

TRANSPORTATION OF ILL CHILD IS TO BE ARRANGED BY PARENT OR PERSONS NAMED ABOVE. IT IS A PARENTAL RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE OF CHANGES IN THE ABOVE. I AM AWARE OF THE DISTRICT POLICIES ON: ATTENDANCE, CODE OF CONDUCT, AND INTERNET/COMPUTER USE:

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
DP118(EMHMC)



### **IMPORTANT HEALTH INFORMATION FOR PARENTS**

**Dear Parent(s),**

**The Emergency Contact Card on the other side of this form is vital to the School Nurse when your child becomes ill in school. Please fill out and return it to your child's school nurse as soon as possible.**

**As a reminder, a physical examination is required in Grades Pre-K, K, 1, 3, 5, 7, 9 and 11 and for all new entrants to any school in the district. We prefer to have this examination performed by your family physician as he/she is the most familiar with your child's health needs and immunizations.**

**If you do not have the examination performed by your own physician within thirty days of the first day of the current school year the nurse will arrange for the examination to be done by district school physician during the school year.**