

HALF HOLLOW HILLS CENTRAL SCHOOL DISTRICT
HIGH SCHOOL EAST
HEALTH OFFICE
50 Vanderbilt Pkwy Dix
Hills, NY 11746

June 2022

Dear Parent/Guardian:

The New York State Education Department requires all students entering 9th grade to have a current physical examination on file at school dated after dated **after September 1, 2021.**
To date we have still not received a physical for your child.

STUDENTS WHO HAVE NOT SUBMITTED A PHYSICAL WILL BE EXAMINED AT SCHOOL BY THE SCHOOL DOCTOR.

Thank you for your attention in this matter.

Diane Schebece, RN
Sarrah Horner, RN
HSE School Nurses

phone: (631) 592-3101
fax: (631) 592-3976

Half Hollow Hills Central School District of Huntington and Babylon
Health and Emergency Card

Gender: ☐ Male ☐ Female

Name: Last:		First:		Grade:		
Address:		Town/Zip		Telephone: Home #:		
Street:				Cell #:		
Family Name:		If employed, please give business telephone number:				
Adults in Household						
Name/Relationship		Working Hours		Employer		
				Business Telephone #:		
All Children in Household (Pre School and School Age)						
Name	Date of Birth			School	Grade	Note Any Significant Health History
	Month	Day	Year			
To Be Called in Emergency if Parents Cannot Be Reached						
Name	Address		Telephone Number (Home, Work, Cell):		Relation (neighbor, family member, etc.)	
Physician's Name:						

The School Physician May Be Used in Case of Emergency: ☐ Yes ☐ No

	Parent's Report		Dates
	Yes (please specify)	No	
1. Has your child, during the past year, had any illness, injury, or operation?			
2. Has your child received any immunizations or tests not previously reported?			
3. Has your child, during the past year, been in contact with tuberculosis?			
4. Has your child ever been treated for any nervous or mental disorder?			
5. Is there anything concerning vision, hearing, or the general health of your child which would give the school a better understanding of the pupil?			
6. Does your child have any allergies?			
7. Is your child on any medication?			
8. Is your child being seen by any outside agency or physician?			

Parent's Signature: _____

PARENTS ARE REQUESTED TO COMPLETE THIS CARD PROMPTLY EACH YEAR FOR EACH CHILD IN SCHOOL

TO THE PARENT OR GUARDIAN

HAVE YOUR CHILD VISIT DENTIST AT LEAST ONCE EACH YEAR.
YOUR CHILD'S DENTIST CAN:

1. LOCATE TINY, HIDDEN OR UNSEEN CAVITIES, AND TREAT THEM BEFORE THEY BECOME BIG ONES.
2. DISCOVER INFLAMED GUMS.
3. EXAMINE FOR IRREGULARLY PLACED TEETH.

REGULAR DENTAL CARE, THE USE OF RIGHT KINDS OF FOODS, THE AVOIDANCE OF EXCESSIVE USE OF SWEETS, SUGAR, CANDY, AND SWEETENED DRINKS, THE BRUSHING OF TEETH AFTER MEALS OR RINSING THE MOUTH WHEN BRUSHING IS NOT POSSIBLE, WILL HELP YOUR CHILD'S TEETH.

HALF HOLLOW HILLS SCHOOLS

Towns of
Huntington and Babylon

PUPIL DENTAL RECORD

THIS IS TO CERTIFY THAT.

- ☐ IS UNDER MY CARE FOR DENTAL TREATMENT.
- ☐ HAS COMPLETED DENTAL TREATMENT.
- ☐ HAS HAD DENTAL EXAMINATION BUT NO TREATMENT IS REQUIRED.

DATE _____
DENTIST'S SIGNATURE _____
(TO BE SIGNED BY DENTIST AND RETURNED TO SCHOOL BY PUPIL)

TO THE DENTIST

THE LOCAL DENTAL SOCIETIES HAVE PASSED THE FOLLOWING RESOLUTION.
YOUR COOPERATION IS ESSENTIAL FOR THE PROTECTION OF THIS CHILD.

"RESOLVED: THAT IN NO CIRCUMSTANCE SHOULD A CERTIFICATE OF COMPLETION BE GIVEN TO THE CHILD OR PARENT UNLESS THE DENTAL SERVICE HAS BEEN ACTUALLY COMPLETED".