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## Parent Notification/Request For Mandated Health Appraisal

Dear Parent(s) or Guardian(s):

New York State law requires that each child in a school district have a health examination including body mass index before entering school for the first time, and again in grades 1, 3, 5, 7, 9, 11. Students wishing to play interscholastic sports or requesting work permits must have an annual health exam. A dental exam form is also requested, but not required at these same times.

Your own health care provider is always the best choice for these exams. We encourage you to call early as it may take several weeks to schedule exams during the busy summer and fall months.

We have included a form for your health provider to complete. We cannot accept any form that is older than 1 year old from the first day of school. You or your provider may return the completed form to the school health office.

If you do not provide an exam within 30 days of the first day of school OR contact your student's building school nurse, an exam will be scheduled with our school medical provider or designee. While most parents choose not to attend, you may do so if you wish. Please let your child know they will be examined at school.

Upon completion of in-school exams, you will be informed of any important findings and need to follow up with your health care provider.

Please Complete And Return The Bottom Portion To Your Building Health Office Today

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**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student's School** \_\_\_\_\_

- My child had a health exam on \_\_\_\_\_. I will return the completed form by the date above.
- My child has an appointment to have a physical with his/her health care provider on \_\_\_\_\_. My child's MD/NP/PA or I will return the form by the date above.
- I need information on obtaining health insurance or finding a health care provider.
- Schedule the district physician/nurse practitioner to complete the exam for my Child.

**Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian contact:** \_\_\_\_\_