



# REMSEN CENTRAL SCHOOL

PO Box 406  
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Remsen, NY 13438  
www.remsencsd.org

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Psychologist  
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Senior Custodian  
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Kurt Crossett  
Bus Dispatcher  
315.205.4300 x. 6000

Melissa Polidori  
High School Nurse  
315.205.4300 x. 5206

Autumn Fasolino  
Elementary Nurse  
315.205.4300 x. 4230

Dear Parents/Guardians and Caregivers,

NYS law requires a health examination for all students entering the school district for the first time and when entering PK and/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> grades. If your child is interested in, or has decided to play in any of Remsen Central School's sports programs, he/she will need a physical every year. If your child has had or will have a physical exam by your family's healthcare provider, please be sure to send a copy of the exam to the school's health office so that your child's health record may be updated. The examination must be completed by a NYS licensed Physician, Physician Assistant, or Nurse Practitioner, be current or an apt. scheduled, and/or on file in the Health Office by the start of the school year in the fall.

### Remember:

- 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 started PK, 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> grades. If a copy is not given to the school within 30 days, the school will contact you.
- If your child has an appointment, please inform the health office with the scheduled date.
- For your convenience, a physical exam form and dental certificate for your health care providers is enclosed.
- Please fill out the bottom of this letter and return to the school as soon as possible to assist in scheduling school physicals with our nurse practitioner for those that wish to have their physicals done at school.
- Communication between private healthcare providers 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.
- A dental certificate which states your child has been seen by a dentist or dental hygienist is also asked for 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.

Forms may be faxed to 315- 831- 2172 (elem.) or 315- 831- 4283 (H.S.).

Sincerely,

Melissa Polidori, R.N., Jr./Sr. High School Nurse

Autumn Fasolino, R.N., Elem. School Nurse

Name of child: \_\_\_\_\_ Grade: \_\_\_\_\_

- My child has an appointment for a physical with our own physician and I will send the certificate to school. **APPOINTMENT DATE:** \_\_\_\_\_
- Please have the school physician complete my child's physical at school.

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

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