

***Pine Plains Central School District***

2829 Church Street  
Pine Plains, NY 12567

Cold Spring Early Learning Center  
358 Homan Road  
Stanfordville, NY 12581  
School Nurse, J. Heath, RN  
j.heath@ppcsd.org  
(845) 868-7451 ext. 2239; (845) 868-1105 (f)

Seymour Smith Intermediate Learning Center  
41 Academy Street  
Pine Plains, NY 12567  
School Nurse, J. Funk, RN  
j.funk@ppcsd.org  
(518) 398-3000 ext. 3103; (518) 398-1141 (f)

Stissing Mountain Jr./Sr. High School  
2829 Church Street  
Pine Plains, NY 12567  
School Nurse, M. Anderson, RN  
m.anderson@ppcsd.org  
School Nurse, J. Zengen, RN  
j.zengen@ppcsd.org  
(518) 398-7181 ext. 1335; (518) 398-0169 (f)

Dear Parent/Guardian:

We hope this letter finds you all well. In preparation of the next school year, we are working on making the Health/Medical paperwork process as simple as possible. Several different forms will be attached to this email. Not all forms will need to be filled out for every student. Please look at the following form descriptions to see which ones apply to your child. All forms that are *italic/underlined* can also be found under the Health Services section of our PPCSD website. Click on *Departments* → *Health Services* → *Medical Documents for Students*. We will be updating any changes from NYS here as well. Hard copies of these forms are available upon request.

**Over the Counter Medication: Applicable to all students.**

The [Medication/Treatment Cover Letter](#) and the [OTC/Treatment Form](#) are attached. We strongly encourage this form to be filled out for all students so that we may be able to administer over-the-counter medications should your child need something during the school day. This form must be signed both by a **parent and doctor**. ***We will NOT be able to administer any medications without it.***

**Prescription Medication/Independent:** Applies only to those students that require administration of prescription medication in school and during school activities. The [Prescription Medication Form](#) should be filled out for all daily medications, inhalers, epi-pens, diabetic medication, etc... This form also designates your child's level of medication delivery dependency. Please make sure the proper box is checked. If your child is deemed "Supervised" it will allow another designated adult to assist your child in the absence of the School Nurse, i.e. field trips, before or after school activities.

**Student Health Examination Form/Dental Certificate:** Applies to a variety of grade levels. The current [Student Health Examination Form Cover Letter](#) and the [Required New York State School Health Examination Form](#) are attached. **NYS Education Law requires all new entrants and students in grades PreK or K, 1, 3, 5, 7, 9, and 11 have a current health examination on file.** In addition, while not required, NYS requests that a [Dental Health Certificate](#) which states your child has been seen by a dentist or dental hygienist be submitted at this time.

**Action Plans:** Applies only to those that have a known health condition or concern. The [NYSDOH Asthma Action Plan](#) and [FARE Food Allergy and Anaphylaxis Emergency Care Plan](#) should be filled out by your child's healthcare provider if applicable. Any child with a history of: Seizure Disorder, Cardiac Condition, Diabetes etc. should have their MD complete an Individualized Health Care Plan. Any new health concerns that have occurred over the summer should be reported to the health office at the start of the upcoming school year.

**Required Immunization Notice: Applicable to all Students**

**As per the NYSED:** The Bureau of Immunization of the New York State Department of Health has legal authority to ensure that schools throughout the state comply with Section 2164(7)(a) of the Public Health Law related to immunization requirements for school entry. Public Health Law Section 2164(7)(a) requires that: No principal, teacher, owner or person in charge of a school shall permit any child to be admitted to such school, or to attend such school, in excess of **fourteen days**, without the certificate provided for in subdivision five of this section or some other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, hepatitis B, tetanus and pertussis and, where applicable, Haemophilus influenzae type b (Hib), meningococcal disease and pneumococcal disease; provided, however, such fourteen day period may be extended to not more than thirty days for an individual student by the appropriate principal, teacher, owner or other person in charge where such student is transferring from out-of-state or

from another country and can show a good faith effort to get the necessary certification or other evidence of immunization. **For the 2025-26 School Year: Documentation must be received no later than Wednesday, September 17, 2025. If not received by that date, your child will not be permitted to attend school.**

Please send proof of immunization to the school nurse where your child will be attending. Documentation of immunizations must be signed or stamped by a physician. Attaching the [2025-26 NYS Immunization Requirements](#) chart for reference.

Please have appropriate forms completed by your child's healthcare provider for the upcoming school year and remember to sign all documents. Return all forms upon completion to your child's respective building or email them to the proper email address above. Again, all medications must be delivered to the school by an adult in a pharmacy labeled container or in the original packaging.

Feel free to contact us with any questions. Wishing you all a happy, healthy summer!

Sincerely,

Pine Plains Central School Nurses