MILLER PLACE HIGH SCHOOL

15 Memorial Drive ▪ Miller Place ▪ New York ▪ 11764

Health Office Phone: (631) 474-2481
Health Office Fax: (631) 331-4093
Email: mphsnurse@millerplace.k12.ny.us

Dear Parent/Guardian:

We would like to take the opportunity to welcome your child **to** the new school year at Miller Place High School and to review your child's health record. If during the school year your child should contract a serious illness, contagious disease, require hospitalization or sustain an injury, please inform the health office immediately so that we may include this information in your child's health record and properly care for them when they return to school.

With an effort to reduce paper waste please refer to our webpage for documents we require for the upcoming school year. Please **go** to the Parents tab on the red banner then click on Health Services. You will find the required forms by clicking on two categories: Health Forms-All Buildings and Health Forms-MPHS Only.

The following is a list of items which we would like to bring to your attention. Not all forms are required for all students, please refer to those that pertain to your child.

School Health Examination (school physical): NYS law requires that **ALL 9th grade, 11th grade, and new to the district** students have a physical examination during the school year. Students playing interscholastic sports need a physical ANNUALLY**;** and for BOCES and working papers a current physical **(**within **1** year of application) is required. If you choose to have this done by your family physician it needs to be **dated on or after September 1, 2025.** Please email, fax, or bring the hard copy into the health office. An appointment with the school physician (date to be determined) will be set up for those who do not hand in their physical.

Immunization records: NYS law requires that *the school be given* a record of the required vaccines to attend school. The record must include: 1) Name of vaccine**,** 2) Date vaccine was administered, 3) Who gave it, along with their title. (Required vaccines: Polio, mumps, measles, diphtheria, rubella, varicella, haemophilus influenza type b (hib), pertussis**,** tetanus**,** and hepatitis B.

Meningococcal vaccine: As of September 1, 2026**, ALL 12TH grade** students **MUST HAVE PROOF** of having been given Meningococcal vaccine (shot). Students entering 12th grade must have **either:** 2 doses of meningococcal vaccine with the **2nd dose given on or after age 16 *OR* 1** dose **if first dose was given on or after age 16.**

Scoliosis screening: NYS law requires that **all 9th grade boys** be screened for scoliosis. This may be done by your health care provider during the required physical exam, or the school nurse will schedule the screenings during PE class at a future date.

Authorization for medication in school: Written orders from a medical provider must be completed and **SIGNED BY PARENT/GUARDIAN AND DOCTOR** for a student to take medication in school.

Authorization for independent medication carry and use: Submitted along with *authorization for medication* in ***school***. Students with **respiratory conditions, allergies and/or diabetes** may carry and use their **inhaled respiratory rescue medication, epi-pens, and insulin, glucagon and related diabetes supplies** with **PARENT/GUARDIAN AND DOCTOR SIGNATURES**.

Food Allergy Emergency Care Plan: Care plan for those children who have severe allergies.

Dental Hygiene form: Dental care is recommended**,** please see form**.**

Injuries: If your child sustains an injury which requires an exclusion from PE classes or Sports activities, please submit **ALL DOCTOR'S NOTES** to the **health office so** we may provide them with the appropriate accommodations pertaining to their individual needs.

If you have any questions regarding any of these documents, please email **mphsnurse@millerplace.k12.ny.us**. Emails will be checked periodically over the summer and replies will be forthcoming.

IMPORTANT UPDATE: Please watch the **mail for** the annual **Census Verification Report.** The **information on** this needs to be verified, any **changes** written in and SIGNED BY PARENT/**GUARDIAN AND** STUDENT. If this document is **NOT** handed in, your **student's computer account WILL BE TURNED OFF** temporarily, until we receive the report.

Warm Regards,
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