nassau BOCES DEPARTMENT OF REGIONAL SCHOOLS AND INSTRUCTIONAL PROGRAMS

Health Science Program
Clinical Rotation Letter/ Authorization for the 2026-2027 School Year

Please acknowledge your compliance with the health physical requirement by **signing and returning this page only** to your child's teacher by September 4, 2026.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Student Name: _____

Student Signature: _____ Date: _____

Thank you for partnering with us to provide your child with this valuable educational experience.

Sincerely,

Anastasia Kokonis

Anastasia Kokonis
Assistant Principal

Attachments:

- Health Physical Form

Shop NASBOCES Barry Tech & NABCOT

PT AIDE &
REHABILITATION
MEDICINE

MEDICAL ASSIST
NURSING