## Consent for Physical Exam in School

Dear Parent/Guardian,

NYS Education Law requires a medical examination (physical exam) for every student entering grades K, 1, 3, as well as new entrants. If you are receiving this letter we still have not received a physical for your child. Please schedule an appointment with your child's health care provider. Once completed please send in a copy of your child's physical exam to the CES health office.

If you do not have health insurance or if you are new to the area, we offer in-school physicals from our district's Nurse Practitioner. Please be aware an in school physical is not as thorough as one performed by a private health care provider and does not include lab work or immunizations. Therefore, physical exams from private health care providers are preferred.

If you would like your child to have an in school physical please complete the bottom portion of this page and return it to the CES health office. When our district's Nurse Practitioner is available your child will be asked to leave class and come to the health office for their physical. The physical takes about ten minutes to complete. If you have questions about eligibility or the exam itself please call us at 845-534-8009 ext. 2010.

| Thank you,            |                          |  |        |
|-----------------------|--------------------------|--|--------|
| Lisa Priore, RN and   | Sara Bayne, RN, BSN      |  |        |
|                       |                          |  |        |
|                       |                          |  |        |
|                       |                          |  |        |
| Date:                 |                          |  |        |
| I would like my chil  | d to receive a physical  | exam while in school. I understand that this do  | es not |
| replace a physical ex | cam performed by a pri   | vate medical provider and that I should make ev  | very   |
| attempt to have my    | child's physical perforr | ned by a private medical provider in the future. | •      |
| 1                     | 1 7 1                    | , I  |        |
| Child's name:         |                          |  |        |
| Cohort:               | Teacher:                 |  |        |
|                       |                          |  |        |
| Parent/Guardian:      |                          |  |        |
| Print name:           |                          | Signature:                                       |        |