

WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

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HEALTH APPRAISAL INFORMED CONSENT AND HISTORY FOR ELEMENTARY SCHOOL EXAMINATION

Education Law, Section 903, and the Regulations of the Commissioner of Education require physical examinations of all children when they:

- Enter the school district for the first time
- Are in grades Pre-K or K, 1, 3, 5, 7, 9, 11
- Are referred to/by the Committee on Special Education
- Are deemed necessary by school authorities to determine a child's educational program

The Washingtonville Central School district recommends that all medical and dental examinations be conducted by your private physician for privacy and continuity of care. However, in some instances you may prefer to have the exam conducted in school. Please read the information below carefully and discuss the process and your decision with your child. Then please complete the permission form and the brief health questionnaire.

Though most parents do not attend examinations, you have a right to be present by prior arrangement with your school nurse.

Every effort will be made to make your child feel comfortable. The exam includes a complete head-to-toe screening of all major organ systems, INCLUDING a visual inspection of the pubic area for both boys and girls along with a femoral pulse exam. FOR MALES, ON SOME OCCASIONS, A TESTICULAR EXAM MAY BE NEEDED TO ENSURE BOTH TESTES ARE DESCENDED.

PLEASE ANSWER THE QUESTIONS ON THE NEXT PAGE AND SIGN THE CONSENT. THE EXAMINATION WILL BE DELAYED WITHOUT YOUR SIGNED CONSENT.

The Washingtonville Central School District is committed to the intellectual, cultural, physical and emotional growth of our children in a safe and supportive environment.

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PLEASE RETURN THIS FORM TO YOUR SCHOOL NURSE

Parent Permission for a School Examination

Student's Name _____ Grade _____ DOB _____

Please check one:

My child had a health appraisal done by Dr. _____ on _____. I will provide the District with the Health Appraisal form filled out by the doctor.

My child has an appointment to have a health examination done by Dr. _____ on _____. I will provide the District with the Health Appraisal form filled out by the doctor.

I give permission to have my child interviewed and examined by the school Nurse Practitioner scheduled at the convenience of the school. I attest I have read the attached information on health appraisals and have advised my child of my decision.

Please answer the following questions. Circle or X the correct answer:

Had any serious injuries, illness or operations? NO YES

Had any dizziness, fainting, or chest pain while exercising? NO YES

Had asthma or other breathing problems? NO YES

Had any heart problems or high blood pressure? NO YES

Had a bleeding disorder? NO YES

Had a liver or spleen problem? NO YES

Had any muscle, joint or bone problems, including fractures? NO YES

Been knocked unconscious, or had a concussion? NO YES

Had seizures?..... NO YES If yes, are they well controlled? NO YES

Does your child have any current skin problems, sores, or rashes? NO YES

Are there any life-threatening allergies? NO YES

Does your child have any other life-threatening condition? NO YES

Is the student currently taking any medications? NO YES

Are medications needed for the sport? NO YES Will child carry medicine? NO YES

Does your child have absence of vision in one eye or loss of an eye? NO YES

Does your child wear glasses or contact lenses? NO YES

Does your child have hearing impairment in one both ears? NO YES

Does your child wear orthodontic equipment (braces, retainer, etc.)? NO YES

Are you aware of any medical or physical restrictions which might disqualify or limit your child's full participation in any of our athletic programs? NO YES

MALES: Had a hernia, undescended testicle or absence of one testicle? NO YES

FEMALES: Are there any problems regarding menstruation? NO YES

Date or age when menstruation began _____.

Parent Signature

Print Parent Name

Date