

Dr. William Cartwright
Superintendent of Schools

EDWARDS-KNOX CENTRAL SCHOOL DISTRICT

Jeffrey A. Davis
Jr.-Sr. H.S. Principal
562-3227 or 347-3410

**P.O. BOX 630
RUSSELL, NEW YORK 13684-0630**

PHONE: (315) 562-8326

FAX: (315) 562-8433

BUS GARAGE: (315) 562-8440

SCHOOL-BASED HEALTH CLINIC: (315) 562-7242

BOARD OF EDUCATION
Wheeler D. Maynard, Jr., Pres.
Dianne L. Hurley, Vice-Pres.
Rick Brewer
Amanda Fuller
Bryan Gotham
Teresa A. Hogle
Andrea J. Webb
Thomas F. Wood
Kay C. Amo, Clerk

Suzanne L. Kelly
Elementary Principal
562-3284 or 347-3210

Dear Parent or Guardian:

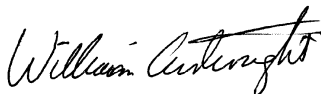
Each school district is mandated by law (section 904) to provide an examination by the school physician of those pupils whose parents do not provide these reports from their family physician. Consequently, a parent does have the right to have their child examined by either their own family physician (at their own cost) or by the school's physician. Andrew LaFrance, Family Nurse Practitioner, does all the physical exams that are done within the school setting. Physicals are required by New York State on all pupils attending grades Kindergarten, 2, 4, 7, and 10. Physicals are also required for any pupil playing sports, for Special Education Students, for all referrals to the Committee on Special Education, for all CSE students who are having a triennial evaluation, for all BOCES first year students who are attending the Health Occupations class, for all entrants from out of state, for all new students attending our school (including Pre-Kindergarten students), and for those requiring working papers.

During the required examination, the FNP checks the skin, eyes, nose, throat, heart, lungs, checks for structural deformities, abdomen, and external genitalia (all males). This examination does not include a vaginal exam nor a breast exam. Height, weight, blood pressure, pulse, vision, and hearing are done by the school nurse prior to the physical exam. A urine check is also done on all athletes.

A parent has the right to be present for any physical examination given at the school. If a parent so desires to be present, they must notify the school nurse.

It is mandatory that we have a permission slip signed by the parent and returned to the school nurse prior to the scheduled physicals, indicating your decisions regarding this physical.

Sincerely,



William Cartwright
Superintendent of Schools

WC/kca

* * * * *

I give my permission for my child, _____ to have a physical by the school physician.

OR

I will take my child _____ to my own physician (at my own cost). Please send me the screening form so I may present it to my physician. I agree to return this form, once completed, to the school nurse.

OR

I give my permission for my child, _____ to have a physical at the Edwards-Knox Central School-Based Clinic by Sean Murphy, FNP.

Date _____

Signature _____