



BEACON CITY SCHOOL DISTRICT
ADMINISTRATIVE OFFICES
 10 Education Drive
 Beacon, New York 12508
 845-838-6900

Mrs. Ann Marie Quartironi
Deputy Superintendent

Mrs. Cecilia Dansereau-Rumley
*Assistant Superintendent for
 Instructional Services*

Mr. Erik Wright
*Executive Director
 of Curriculum and Instruction*

Mrs. Dawn Condello
Director of Pupil Personnel Services

Mr. John Giametta
*Director of Physical Education,
 Athletics, Health, and Recreation*

Dr. Matthew Landahl
Superintendent of Schools

Dear Parent/Guardian:

New York State Education Department requires a physical exam for each student upon entrance to school and for students in Grades Pre-K or K, 1, 3, 5, 7, 9, and 11; annually for interscholastic sports; working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE).

Options for Completion:

- 1) Since your private health care provider has a more complete understanding of your child's health, we respectfully urge that you take your child to him/her for the physical examination. Please have the attached Health Examination Form filled out and return it to your child's school nurse's office. **Please be advised that a physical examination is only valid for one year from the month it was performed.**
- 2) If you want to have the required physical examination conducted by the school health care practitioner (free of charge), you must sign in the consent box below and return it to your child's school nurse. Upon receipt of your consent, the physical examination will be scheduled for the next available appointment. You will only be notified following the examination if there are any findings that are not within normal limits.

If you have any questions, please call your child's school nurse.

Sincerely,

Ann Marie Quartironi
 Deputy Superintendent

<u>PARENT/GUARDIAN CONSENT</u>	
You must sign here to give consent for the school health care practitioner to perform a physical examination on your child during the current school year.	
Student's Name: _____	
Grade: _____	Date of Birth: _____
Parent/Guardian Name: _____	
Parent/Guardian Signature: _____	
Date: _____	