



CHRISTIAN ACADEMY
OF WESTERN NEW YORK

Dear Parent(s) or Guardian(s):

New York State law requires that each child in a school district have a health examination including body mass index before entering school for the first time, and when they enter Pre-K or Kindergarten and again in grades 1, 3, 5, 7, 9, 11.

Students wishing to play interscholastic sports or requesting work permits must have an annual health exam. A dental exam form is also requested (at the same time) but is not required.

Schools cannot accept the health exam if it is not the required form or the required health record equivalent.

Your own health care provider is always the best choice for these exams. We encourage you to call early as it may take several weeks to schedule exams during the busy summer and fall months.

If you do not provide an exam form by _____, an exam will be scheduled with the district physician. While most parents choose not to attend, you may do so if you wish. Please let your child know they will be examined at school. Upon completion of in-school exams, you will be informed of any important findings and need to follow up with your health care provider.

Please complete and return this form to our office as soon as possible.

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Student's Name _____ **Grade** _____

Student's School _____

- My child had a health exam on _____. I will return the completed form by the date above.
- My child has an appointment to have a physical with his/her health care provider on _____. My child's MD/NP/PA or I will return the form by the date above.
- Schedule the district physician/to complete the exam for my child.

Parent Name _____ Date _____

Parent's Signature _____

Parent Phone Number: _____