

Tri-Valley Central School District

34 Moore Hill Road • Grahamsville, New York 12740

Phone (845) 985-2296

Thomas W. Palmer, Superintendent

Parent Permission Or Denial To Examine/Treat Student

Physical Examination

I, _____, DO or DO NOT (Circle One)
Parent/Guardian Signature

authorize Bethel Medical Family Practice of the Tri-Valley Central School District Health Services Department to perform a cost-free evaluation on my child or ward

Name of Student

at the Tri-Valley Central School during his/her enrollment. Educational Law and Regulations of the Commissioner of Education require examinations of children when they:

1. Enter the school district for the first time
2. Are in Grades K, 2, 4, 7, and 10
3. Are referred by/to the Committee on Special Education
4. To participate in interscholastic sports

I understand that all reasonable precaution and care will be taken in giving health examinations to my child. The examinations are done by the School District's physician and with the assistance of a registered nurse. The school nurse will report to the parents in writing all significant findings which may require professional attention. The medical evaluation consists of the history and physical examination. Scoliosis screening is done by the School Doctor and the School Nurse with the assistance of the Physical Education Department.

Signature of Parent/Guardian

Date

Vision Screening

I, _____ DO or DO NOT (circle one) authorize the school nurse to
Parent/Guardian

perform vision screening (new entrants and students in grades K, 1, 2, 3, 5, 7, and 10), hearing screening (new entrants and students in grades K, 1, 3, 5, 7, and 10), scoliosis screening (Grades 5-9), medical and emergency care to my child or ward _____, a student at Tri-Valley Central School

Name of Student

during his/her enrollment.

I UNDERSTAND THAT ALL REPORTS, TESTING, AND MEDICAL ISSUES WILL BE SHARED ONLY WITH NECESSARY PERSONNEL (IE: teachers, administrators, coaches).

Parent/Guardian Signature