

CARMEL CENTRAL SCHOOL DISTRICT  
81 SOUTH STREET, P.O. BOX 296  
PATTERSON, NY 12563

Dear Parent:

Our school District is concerned with all aspects of your child's development. To ensure that your child's physical health is being monitored, the State of New York requires that each child in grades **Kindergarten, 1, 3, 5, 7, 9, 11, and new entrants** have a physical examination. Your family physician is best informed about your child's health. We therefore encourage you to have him/her perform this examination. If you do not have a family physician or prefer the examination be done in school, we will arrange to have your child examined by our school physician.

If your child is in any of the grades listed above, please complete the form below with your preference, and return it to the school nurse in your child's building by **September 15**.

If you elect to have the physical examination done by your child's physician, please have the examination completed and return the student physical/health appraisal form by **November 1**.

Your cooperation in this matter is greatly appreciated.

Sincerely,



Eric M. Stark  
Assistant Superintendent for Business

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PARENTS PREFERENCE FOR CHILD'S PHYSICAL EXAMINATION

Name of child: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Building: \_\_\_\_\_ Teacher: \_\_\_\_\_

I want my child's physical examination done by: (check one)

\_\_\_\_\_ The school physician

\_\_\_\_\_ My child's physician

Name of physician: \_\_\_\_\_

Date of appointment, if scheduled: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_