

Windsor Central High School

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2022-2023

Dear Parent(s) or Guardian(s):

New York State Education Law requires that each child in a school district have a health examination, including body mass index before **entering school for the first time (or returning)**, UPK and/or K, and again in grades 1, 3, 5, 7, 9 & 11. Students wishing to play interscholastic sports or requesting work permits must also have an **annual** health exam. Please have your child's medical office provide a copy of his/her physical dated September 2021 or later, to be valid (for the academic/NYS Education Law being discussed here).

Interscholastic sport and working permit physicals must be **within** the last **12 months** of the specific season starting (Spring/Fall/Winter- Ex: For this current upcoming fall season, starting August 15, 2022, any physical dated August 15, 2021 or later, would fulfill this for that season).

We do ask that Parent(s)/Guardian(s) make an increased effort to visit your primary care physician as this is always the best choice for your child's physical. If this is not possible, we do offer Physical Exams in school, on specific days, with our Medical Director at no cost to you.

If you would like your child to have a Physical Exam in our office, please indicate so at the bottom of this form. **If the school completed physical exam option is picked, the attached health history form MUST be completed and returned prior to the exam.** Upon completion of the in-school Health Appraisal, you will be informed of any important findings and/or need to follow up with your health care provider.

Please Complete and Return the Bottom Portion to **Your Building Health Office** in a timely fashion.

- I do not** want the school physician to perform a physical exam on my child/student.
- My child/student has a scheduled appointment on _____
- My child/student's most recent physical will be sent to the Health Office _____
- I agree to have the school physician perform a physical examination on my child.** *You MUST complete and return the Health History form prior to the exam.*

Students Name: _____ Grade: _____ DOB: _____

Parent/Guardian Signature: _____ Date: _____

If you have any questions, please contact YOUR school Health Office.