

Name: _____
Date of birth: _____
Entering grade: _____



Upton Lake Christian School
P.O. Box 63
Clinton Corners, NY 12514
845-266-3497
www.uptonlake.com

Dear Parents/Guardians,

In preparation for the upcoming 2024-2025 school year I have gathered the **required New York State** health documents that will be needed for your student.

WELL CHILD/PHYSICAL: If your child is **new** to the school, will be entering grades* **K, 1, 3, 5, 7, 9, and 11** they will need a well child (physical) exam which includes a hearing and vision screening. **If your child is to participate in any sport that is offered, they will also need an updated well child exam yearly.** An exam for Scoliosis is needed for girls in grades 5 and 7, and for boys in grade 9.

VACCINES: Must be up to date for the students age and grade level. *All students will be required to comply with New York State Law Section 2164 which requires certain immunizations for students to attend school and to enter Kindergarten. Per New York State Law a student shall not be permitted to continue to attend school for more than 14 days without a parent or guardian providing the school with documentation of proof of immunization.

DENTAL HEALTH CERTIFICATE: is recommended for entry to school, K,1,3,5,7,9 & 11.

MEDICATIONS: The school will also need an OTC (over the counter) medication administration form signed by the Pediatrician and parent/guardian or if preferred a Self Carry Medication Form. This is for anything your child may need throughout the school year including anti-itch ointment, vaseline for chapped lips/skin, antibiotic ointment, etc. (*must be updated yearly). All prescription medications must be brought into school by a parent in its **original container** with a signed and stamped order from the student's doctor.

SELF CARRY MEDICATION FORM: Must be completed by a physician and signed by a parent/guardian for students to be allowed to carry, administer, or administer with supervision any/all medications. Generally for high school students.

ALLERGIES OR ASTHMA: If your child has allergies or asthma, we will need to have an allergy/asthma action plan on file signed by their Pediatrician and parent/guardian. A written and signed "self carry form" should be included and your student should be trained to self administer any inhaler or epi-pen. (*must be updated yearly).

CHECKLIST:

___ Well Child Exam* (including hearing and vision screen, needs to be updated yearly) Current physical expires: _____
___ Vaccination Record Your student needs a required vaccine to start the school year: _____
___ Dental Exam
___ Medication Administration form* OTC medication for your child expires on: _____
___ Medication self carry form*
___ Allergy Action Plan*

Your partner in your child's health,

Tracey Ferreri, LPN
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