



Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Entering grade: \_\_\_\_\_

### Upton Lake Christian School

P.O. Box 63

Clinton Corners, NY 12514

845-266-3497

[www.uptonlake.com](http://www.uptonlake.com)

Dear Parents/Guardians,

In preparation for the upcoming 2025-2026 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.

**MEDICATIONS:** In order for your student to be **treated** in the health office at ULCS an OTC (over the counter) medication administration form signed by the **Pediatrician and parent/guardian**. This form is for anything your child may need from the health office throughout the school year including anti-itch ointment, vaseline for chapped lips/skin, antibiotic ointment, etc. and \*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 and administer, or administer with supervision any/all medications. Generally for high school students only and should be kept in the health office for the safety of all 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).

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

#### **CHECKLIST OF NEEDS:**

\_\_\_ Well Child Exam(Physical)

\_\_\_ Vaccination Record

\_\_\_ Dental Exam, recommended

\_\_\_ Medication administration form

\_\_\_ Medication self carry form

\_\_\_ Allergy Action Plan

Current physical expires: \_\_\_\_\_

Your student needs a required vaccine to start the school year: \_\_\_\_\_

OTC medication for your child expires on: \_\_\_\_\_

Tracey Ferreri, LPN

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