



**Buffalo Public School
Department of Social Emotional and Wellness Supports**

Health Examination Requirements

Dear Parents/Guardians,

May 28, 2021

New York State law requires a health examination for all students **entering the school district for the first time and when entering Pre-K or K, 1st, 3rd, 5th, 7th, 9th and 11th grade**. The examination must be completed by a New York State licensed physician, physician assistant or nurse practitioner.

- A copy of the health examination must be provided to the school within 30 days from when your child first starts at the school, and when your child starts Pre-K or K, 1st, 3rd, 5th, 7th, 9th & 11th grades. If a copy is not given to the school within 30 days, the school nurse will contact you.
- If your child has an appointment for an exam during this school year that is after the first 30 days of school, please notify the Health Office with the date.
- Communication between private and school health staff is important for safe and effective care at school. Your healthcare provider may not share health information with school health staff without your signed permission.
- Please talk to your provider about signing their consent form for the school at the time of your child's appointment for the examination, **OR** fill out and return the form on the back to your child's school nurse.

We suggest you make copies of the completed forms for your own records before sending them to the school health office. Forms may also be faxed to the number below.

Sincerely,

School Nurse:		School:
Phone #:	Fax:	Email:



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RELEASE OF INFORMATION FORM

This form allows exchange of important health information for your child between the School Nurse and their Medical Providers. All records obtained will be kept confidential. Please contact your School Nurse if you have any questions.

Student's Name		
DOB		
Parent/Guardian		
Address		
City	State	Zip
Phone		

I hereby authorize the release of information necessary for health care to:

Return to: (School Name)	
Address	

FROM	
Health Care Provider	
Address	
Phone	Fax
Regarding Name	
Specific Information	

Signature of Parent/Guardian	
Relationship to Student	
Date	