

MOUNTAINSIDE CHRISTIAN ACADEMY
Physical Examination & Immunization Record Request
2016-2017 School Year

Dear Parents,

In order to adhere to New York State Education Law, Mountainside Christian Academy requires health exams for **all new students** as well as those entering **Pre-K, K, 2nd, 4th, 7th and 10th Grades**. In addition, NYS Law also requires that students be immunized in accordance with the NYS Department of Health Immunization Schedule. Please fill out this form and follow the instructions detailed below.

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|-------------------------------|----------------------|--------------------------|-----|-----|-------|
| Students Last Name | Student's First Name | DOB | Age | Sex | Grade |
| Home Address | | Home Phone: _____ | | | |
| Parent's Names | | Phone(Dad): _____ | | | |
| | | Phone(Mom): _____ | | | |
| Name of Primary Care Provider | | Physician's Phone: _____ | | | |

- Has your child had a physical exam within the past 12 months? _____
- Please attach the most recent doctor's **Health Appraisal Form** for your child's physical exam. This information is needed by the first day of school (9/6 for Grades K-12 & 9/14 for PK.) You may also have the doctor's office fax it to #208-416-6628.
- Please note that while physical exams that have been performed within the past 12 months are valid for school entry, an appointment will need to be set up as soon as the 12 months has passed and an updated appraisal form will need to be turned in following the appointment.
If you have an appointment set up, indicate the date: _____
- Is your child fully immunized in accordance with the Immunization Schedule provided in this packet? _____
- Please attach an **Immunization Record** from your child's medical provider by the first day of school. (9/6 for Grades K-12 & 9/14 for PK.) The doctor's office may also fax this form to #208-416-6628.
- If your child is not fully immunized, an extension will be granted if the immunization is in process. However, you will need to attach **certification** from the doctor showing that the first dose of all required immunizations have been received and that a plan has been set up to complete the student's requirements.
- Do you need a **Medical** or **Religious Exemption Form** sent home? _____
If so, specify which form is needed _____
- Will your child be carrying any emergency medication such as an Epi-pen, inhaler, insulin shots, etc.? _____
If so, list the medications _____
- Will any medications need to be administered at school? _____
If so, list the medications _____
- If your child needs to bring any medications to school, you will need a **Medicine Authorization Form**.
Is this form needed? _____

Parent's Signature: _____ Date: _____