

Matt Tappon, Principal
Christine Treasure, Assistant Principal

Dear Parents/Guardians:

The District would like to inform you of the New York State Department of Health, Childhood Lead Screening Poisoning Prevention Program to help you understand the value of screening your child for lead poisoning. You can read about it at:

http://www.health.ny.gov/environmental/lead/parents_caregivers.htm or

<http://www.health.ny.gov/publications/2594>

Lead poisoning can cause problems with learning. By having your child screened, and treated if needed, your health care provider can help prevent future learning problems for your child. Please contact your private health care provider to arrange for this simple blood test, if it has not been done already. If it has been done, please ask your health care provider to submit proof of lead screening to the school nurse by mail or fax to help us identify children who might profit from further educational evaluation. In addition, please fill out the bottom portion of this letter and return it to Council Rock Primary School.

If you have any questions, please contact the school nurse at 585-242-5170 X5181 and choose option 3.

Sincerely,

Julie G. DuBois RN, BSN
Joanne C. Sapienza RN
Samantha Letendre RN
Council Rock Primary, School Nurses

Child's Name _____ Grade _____

- My child had a lead screening test on (date) _____
- My child has a lead screening test scheduled for (date) _____
- I request assistance to file for Child Health Plus Health Insurance for my child in order to take my child to my own physician. Please call me at: _____
- I do not want my child to have a lead screening test
- I will schedule a lead screening test for my child