

HEALTH OFFICE
Island Trees Memorial Middle School
45 Wantagh Avenue, Levittown, New York 11756
(516) 520-2164.

Date: _____

Dear Parent /Guardian:

The school physician, Dr. Elfenbein will be in our office _____, after dismissal. You have the option to have your child seen here for an Athletic Physical.

Sincerely,

Karen Stephens, R.N.
School Nurse

_____I give my child _____ permission to see the school physician.

(Parent's Signature)