



# East Ramapo Central School District

105 South Madison Avenue, Spring Valley, NY 10977

A Unified Community Educating the Whole Child ...

**Dr. Ray Giamartino, Jr.**  
Interim Superintendent of Schools

**Spring Valley High School**  
361 Route 59, Spring Valley, NY 10977  
845-577-6500

**Karen J. Pinel**  
Principal  
**Tyanna Collins | Dr. Dionne Olamiju**  
Assistant Principals

## East Ramapo Central School District

Graduation for students who have met all New York State Education Department requirements is presently scheduled for Tuesday, June 22, 2021. In order to attend Commencement Exercises, all students and guests must show proof of vaccination or negative COVID-19 Test seventy-two (72) hours prior to the ceremony.

East Ramapo Central School District is making Pfizer Vaccinations available to Graduating Seniors (age 16 or older only) on May 19 and June 8, 2021, in Ramapo and Spring Valley High School during the following *hours*: :8:30 am to 10:30 am and 11:00am - 1:00 pm.

**The Pfizer-BioNTech COVID-19 Vaccine is administered as a 2-dose series, 3 weeks apart.**

East Ramapo Central School District strongly encourages that a parent or legal guardian accompany any minor children to receive their vaccination. In the event that a parent or guardian is unable to accompany his or her minor child to the vaccination appointment, the parent or legal guardian should sign this Consent Form for COVID- 19 Vaccination of Minors, and send it to the Nurse's Office.

**\*\*Consent forms must be submitted to the Nurse's Office no later than Monday, May 17, 2021**

### VACCINE REGISTRATION

To register and make an appointment, you will need to fill out two (2) forms.

1. Registration form CMADC. <https://phreesia.me/Vaccine>  
You will get an automatic response that your appointment was scheduled.
2. Registration with the state for the vaccine. <https://forms.ny.gov/s3/vaccine>

**\*\*Both forms #1 and #2 must be completed by May 18, 2021.**

## Consent Form for COVID-19 Vaccination of Minors

***TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN:***

**I consent to my child receiving his/her COVID-19 vaccination from Community Medical and Dental Care on May 19, 2021 and June 8, 2021.**

**I acknowledge that East Ramapo Central School District is not liable for any negative or adverse effects of the vaccine as it is neither the producer nor the medical distributor of the vaccine.**

**I acknowledge that I read and fully understand the fact sheet related to the COVID-19 vaccine, and any questions that I may have had have been asked and answered by East Ramapo staff and Community Medical and Dental Care to the best of their ability.**

Name of child \_\_\_\_\_

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

Student ID# \_\_\_\_\_

Name parent or legal guardian \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_

**If there is a need to reach me during my child's appointment, I may be reached at the following phone numbers.**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

