Bethel Park School District

School Physical Permission Form

Dear Parent/Guardian of _____ Grade_____,

The school health laws of Pennsylvania require a **physical examination** for all students in the following grades: **kindergarten, sixth, eleventh** and those students with incomplete health records. The school physician is scheduled to come to the Health Office _____ and can provide a **free** physical examination for your son/daughter.

You are invited to be present for the examination; however, your presence is NOT required. Should the doctor have concerns, a referral notice will be sent home and your private physician will need to provide further evaluation and any treatment indicated.

Please check one of the blank spaces below and return promptly to the school nurse.

_____ I wish to have my child seen by a private physician and an exam is scheduled on _____.

_____ Please have my child examined by the **school doctor**.

_____ _____

Parent/Guardian Signature Date

Updated Medical History

To assist the school physician and to update your child's school health record, please complete the information below including the dates and descriptions:

Allergies_____
Recurrent Illnesses_____
Operations_____
Serious Accidents_____
Medications_____
Other_____

Please note any concerns or questions you may have for the physician:

_____
_____
_____