



WARRIOR RUN SCHOOL DISTRICT

Dr. Alan J. Hack, Superintendent
4800 Susquehanna Trail
Turbotville, PA 17772
570-649-5138

Dear Parent(s)/Guardian(s):

The Pennsylvania School Code requires “a medical examination...of the health of every child of school age, upon original entry into school in the Commonwealth, while in sixth grade, and while in eleventh grade.”

Many parents prefer to have this done by their private family physician. This is the preferred option, since they are most familiar with your child. The school appointed health care practitioner is the other option. **Please indicate your preference by signing and returning the permission portion of this letter. Physicals will be completed sometime in February or March.**

You can find a physical form under “*additional info*” to be completed by your private physician should you choose this option. This form can be mailed to the school, faxed, or brought to the office. Any physical that has been done **within one year of the start of school** will be acceptable.

If you would like your child to have a physical done here at school, please sign and return the permission/health history form below. Parents are welcome to attend. The date for this will be announced prior to the exam.

Thank you for your cooperation in this matter! Should you have any further questions or concerns, please feel free to contact the school nurse.

Sincerely,

Health Room Nurses

Enclosure

Elementary School
301 Pine Street
Turbotville PA, 17772
570-649-5164

Middle School
4860 Susquehanna Trail
Turbotville PA, 17772
570-649-5135

High School
4800 Susquehanna Trail
Turbotville PA, 17772
570-649-5166



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Physical Exam Health History (To be completed by the parent/guardian prior to school physical examination).

Note: Parent/Guardian will be notified of any health problems noted during the exam.

Condition	Yes	No	Explain
Glasses/Contacts/Hearing Aids			
Daily Medications			
Allergies (Medications/Seasonal/Insects)			
Asthma/Lung Disorders (Medications)			
Diabetes			
Neurological Problems/Convulsions			
Heart Problems			
Stomach Problems			
Kidney Problems			
Chemical Dependency-Drugs/Alcohol			
Hypertension			
Orthopedic Condition/Scoliosis			
Bleeding Disorders			
Skin Problems			
Other: Please describe			

_____ *I DO* give permission for my child to have a physical exam done at school during the current school year by the school appointed health care practitioner. Examination includes assessment of vital signs, skin, eyes, ears, nose, throat, teeth/gingiva, glands, heart, lungs, abdomen, genitalia/hernia screening (males), neuromuscular, skeletal system, scoliosis screening, and emotional status. A witness will be present.

_____ *I DO NOT* give my permission for my child to have the physical done at school. I have an appointment scheduled for my child's physical on _____ and will return a completed physical form at that time.

 Child's name
 Elementary School
 301 Pine Street
 Turbotville PA, 17772
 570-649-5164

 Parent/Guardian Signature
 Middle School
 4860 Susquehanna Trail
 Turbotville PA, 17772
 570-649-5135

 Date
 High School
 4800 Susquehanna Trail
 Turbotville PA, 17772
 570-649-5166