



STUDENT'S NAME: _____

GRADE: _____

Dear Parent/Guardian,

Pennsylvania Health Law requires a medical examination for all students in 6th Grade. We have not yet received proof of a physical examination on your child. Please complete the following form and return it to the school nurse by April 15th. You may provide proof of a physical by providing the nurse with a copy of a private physician's physical, a copy of your child's driver's license or learner's permit, or by providing a copy of your child's work permit.

_____ I give permission for the school doctor or nurse practitioner to examine my child during school hours. There is no charge for this service. Please check if you want to be present for the exam_____.

_____ I will have my child examined by our private doctor, or I have had my child examined already by my private doctor and will submit proof of exam to the school nurse.

Parent/Guardian Signature

Thank you.

Sincerely,

School Nurses