

BUTLER AREA SCHOOL DISTRICT
FINAL PARENTAL NOTICE OF REQUIRED PHYSICAL EXAMS
PERMISSION FOR SCHOOL SCHEDULED PHYSICAL

The Pennsylvania Public School Code, Section 14-1402(e), mandates a physical examination be given to all kindergarten, sixth and eleventh grade students. These examinations may be done by the family physician and reported to the school nurse on the attached form. To date, our records show your child does not have the required physical form signed by a physician and turned into the school nurse. **Please sign below and indicate your choice for completing this mandatory physical examination.** If you have any questions, please feel free to call me.

School Nurse

Nurse's Office Telephone Number

Student's Name: _____ Grade: _____ Homeroom: _____

School Name: _____

_____ I will have the required physical examination done by my family physician at my expense during this school year and will return the completed Private Physical Form to the school. An appointment has been scheduled on _____ with _____.

_____ I give permission for my child to have the physical examination at school. Parents are welcome to attend the exam. Please contact the school nurse if you wish to attend.

AREAS COMMONLY EXAMINED DURING STUDENT SCHOOL PHYSICAL EXAMS

Height	Weight	Pulse	Blood Pressure	Hair/Scalp	Skin
Eyes	Ears	Nose/Throat	Teeth/Gums	Lymph Glands	Heart
Lung	Abdomen	Spine	Extremities	Neuromuscular System	

There is no examination of genitalia.

PARENT SIGNATURE: _____

DATE: _____ PHONE NUMBER: _____

No physical examinations will be conducted without parent permission.

Please contact the nurse's office at your child's school if you have questions concerning this.