



# ELIZABETH FORWARD SCHOOL DISTRICT

401 Rock Run Road, Elizabeth, PA 15037-2416 • 412-896-2310 • FAX: 412-751-9483 • www.efsds.net

Mr. Keith Konyk  
Superintendent

## Health Services Department

Dear Parent or Guardian,

The School Health Laws of Pennsylvania require physical examination of all students upon entry to school and promotion to sixth and eleventh grades. This examination may be done by your family physician at your expense or may be completed by the school physician at the expense of the school district. If you prefer the physical examination by your family physician, please indicate this below and have him/her complete the attached form. **This form is to be returned to school by the first day of school.**

Please indicate below how you intend to meet this requirement and return this form to the student's school **on or before the first day of school.**

Thank you for your cooperation.

Sincerely,

*Elizabeth Forward School District Nursing Staff*

*(Detach and Return As Soon As Possible)*

*(Please print)*

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ I will have the physical examination provided by my family physician and will have the information forwarded to the school.

\_\_\_\_\_ I grant permission for my child to have a physical examination done at the school by the school physician, in the presence of the school nurse, and:

\_\_\_\_\_ I do not need to be present during the examination.

\_\_\_\_\_ I want to be present during the examination. Please contact me at (daytime phone number) \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date