Mt. Lebanon School District

Health Services
7 Horsman Drive
Pittsburgh, Pennsylvania 15228-1107

INFORMED CONSENT FOR SCHOOL PHYSICAL EXAMINATION
RETURN SIGNED FORM TO YOUR CHILD'S NURSING OFFICE

Student's Name:_____ **Date of Birth_____**

School: _____ **Grade/Homeroom_____**

Pennsylvania State Law mandates that students enrolled in Pennsylvania schools have a physical examination in Grades Kindergarten, 6th and 11th, as well as new students and students in other grades who have incomplete health records. If you would like the school physician to complete this examination on your child (at no cost to you), please complete this consent form and return to your child's nursing office.
This notice details the areas which will be included in the examination. This examination would not necessarily compare with and is not intended to replace an examination from your child's family physician, who has cared for your child through the growing years . **It is also not intended for a sports physical examination.**

Head, Ears, Nose, Teeth & Throat	Gross Evaluation
Eyes	Light accommodation and retinal evaluation
Neck	Thyroid Size and Lymph Node Pattern
Lungs	Percussion and Auscultation (tapping and listening for variations from normal)
Heart & Peripheral Pulses	Palpation, Percussion and Auscultation
Abdomen	Observation, Percussion, Auscultation and Palpation (feeling for unusual masses)
Neurological	Tapping for unusual responses in reflexes of abdomen/upper/lower extremities
Back	Checking for "S" curve of spine
Posture & Gait	Checking for Lower extremity discrepancy
Lymph-Node	Evaluation of axillary and inguinal areas
In Males	Check for hernia and testicular tumors (direct palpation) and where indicated informational pamphlet given to maturing student for self examination
In Females	Check for inguinal hernia (through clothing)
Skin	Check for unusual growth or rashes

The School Physician is available periodically throughout the school year. You are invited to be present at the time of the examination, however, a nurse from the district will also be present. If you wish to be present, you will be notified when the examination is scheduled. (**please initial - then sign below**)

I give permission for my child to be examined by the school physician **_____YES _____NO**

I plan to attend the school physical examination **_____YES _____NO**

I understand and agree that medical information may be shared with appropriate school personnel.

_____ _____
Parent/Guardian Signature **Date**