

**CONNELLSVILLE AREA SENIOR HIGH**

**Physical Consent Form**

\_\_\_\_\_  
Student's Name

Dear Parent/Guardian,

The Pennsylvania School Health Law requires medical exams for children in Pennsylvania upon original entry to school, 6<sup>th</sup>, and 11<sup>th</sup> grades.

This exam may be done at school, by the school doctor with your consent, or it may be done by your family physician, at your expense, and recorded on a form provided by the school.

The school physician will be examining eleventh grade students during the month of October, 2007. Over the summer many of you will be getting physical exams from your private physician for summer camps, work permits, driving permits, etc. A special form must be obtained from the nurse to have your physician complete for your school physical. The form must be returned to the school nurse.

If the private form has not been returned by **October 1st, 2007**, your child will automatically be scheduled for examination at school.

Thank you,  
Vicki Snyder, R.N.  
School Nurse

**PLEASE CHECK:**

\_\_\_\_\_ Please examine my child at school.

\_\_\_\_\_ I will arrange for the medical exam with my child's physician and understand that if I do not return the Private Physician's Form by **October 1st, 2007**, the school physician will examine my child. (Unless I have made other arrangements with the school nurse)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**THIS CONSENT FORM MUST BE RETURNED TO THE SCHOOL NURSE AS SOON AS POSSIBLE.**