

CONNELLSVILLE AREA SCHOOL DISTRICT

Name of Student

PHYSICAL CONSENT FORM

The Laws of the Commonwealth of Pennsylvania provide for a periodic examination of all children who are attending school. The physical examination is required upon entry to school, (kindergarten or first grade), sixth, and eleventh grade. The school physician will be examining students in the above grades during the school year. If the examination is not completed at school it must be done by your family doctor at your personal expense. A form will be provided for your doctor to complete.

PLEASE CHECK:

_____ Please examine my child at school.

_____ My child will be examined by our family physician and I understand that a private physician's form must be returned to the school nurse by **Oct. 31, 2007.**

Signature of Parent/Guardian

Date

DENTAL CONSENT FORM

The Laws of the Commonwealth of Pennsylvania provide for a periodic dental examination of all children who are attending school. The dental examination is required upon entry to school, (kindergarten or first grade), third grade, and seventh grade. The school dentist will be examining the students in the above grades during the school year at the North Fayette Area Vocational Technical School. The students will be transported by bus as a class to and from the facility along with their teacher. If the examination is not completed at school it must be done by your family dentist at your personal expense. A form will be provided for your dentist to complete. All children will be transported to the Vo-Tech; however, if a private exam is requested your child will not be examined.

PLEASE CHECK:

_____ Please examine my child at school.

_____ My child will be examined by our family dentist and I understand that a private dentist's form must be returned to the school nurse by **Oct. 31, 2007.**

Signature of Parent/Guardian

Date