

PENNRIDGE SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

MEDICAL/DENTAL PERMISSION FORM

Name _____ Entering Grade _____

Dear Parent or Guardian:

The school Health Law requires Medical Examinations for children on original entry (Kindergarten or First Grade), Grades 6 and 11; Dental Examinations for children on original entry (Kindergarten or First Grade), Grades 3 and 7; and scoliosis screening in Grades 6 and 7. These grades were selected because they represent critical periods of growth and development in a child's life.

We are recommending that these examinations be performed by your family physician and dentist since they can best evaluate your child's health and assist you in obtaining the necessary treatments and corrections.

If you desire to have the examinations done by your family physician and/or dentist at your own expense, please check the appropriate space below so the school can provide you with the proper forms. These examinations must be completed after May 1st of the current year.

I wish my child's physical examination to be performed by:

- My own private physician
 The school physician

I wish my child's dental examination to be performed by:

- My own private dentist
 The school dentist

I wish to have my child's scoliosis screening performed by:

- My own private physician
 The certified school nurse

If you request to have these examinations and screening completed by the school personnel, at no obligation to you, it is understood that this permission is valid throughout the child's school years in the Pennridge School District. This form will be kept on file.

Signature of Parent/Guardian

Date