



CONSENT FOR SCHOOL PHYSICAL

Students in Kindergarten or 1<sup>st</sup> grade, 6<sup>th</sup> grade and 11<sup>th</sup> grade are required to have physical examinations. This includes students K -12 without documented physical examinations. This can be done by your private physician or by the school medical examiner. You are encouraged to have this examination done by your family physician since he/she is familiar with your child's past medical history.

The school medical exam will include examination of:

- ears, nose, mouth, and throat
- neck
- chest - heart and lungs
- abdomen
- musculo/skeletal
- neurologic

You will be informed in writing or by phone call of any abnormality.

Please sign and return this form to the school nurse. If you refuse to have the school medical examiner complete this examination you are responsible to complete a private examination to comply with the Pennsylvania mandate. You will be notified when the examination is scheduled. All parents are encouraged to attend.

Please call the school nurse with any questions.



\_\_\_\_\_ Name

\_\_\_\_\_ Grade

- I will have this examination done by my doctor, and return the private examination form to the school nurse.
- I give permission for my child to be examined by the Bethlehem Area School District authorized medical examiner.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature Parent/Guardian