

PHOENIXVILLE AREA SCHOOL DISTRICT
HOLY FAMILY SCHOOL
Phoenixville, Pennsylvania 19460

To: Parents of students of Holy Family School
From: School Nurse
Subject: Permit for School Physical/Dental Examinations

The following examinations are required by School Laws of Pennsylvania and conducted by the school doctor/dentist at no expense to your family.

Examinations may be done by your family doctor or dentist at your expense. The required forms are available on line at *myholyschool.org*. The required forms are to be completed by your family doctor/dentist and returned to the nurse's office.

Please complete the below listed areas that apply to your child. Grades are listed for each examination.

Student's Name: _____ Grade _____

Parent's Signature: _____ Date _____

Please answer: In the past three years, has your child had any episodes of fainting, convulsions, or seizures?

_____ yes _____ no

Physical Examination

Grades: K- 6 – New Entrance

Check One

- ____ 1. I hereby grant permission for the school medical examination.
- ____ 2. I will have my child examined by the family doctor and return the physical form to school by _____, but I give my permission for the school doctor to perform this examination if the completed form is not returned by the date specified.
- ____ 3. The examination was done and the form was returned.

Dental Examination

Grades: K-3-7- New Entrance

Check One

- ____ 1. I hereby grant permission for the school dental examination.
- ____ 2. I will have my child examined by the family dentist and return the dental form to school by _____, but I give my permission for the school dentist to perform this examination if the completed form is not returned by the date specified.
- ____ 3. The examination was done and the form was returned.