

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES

**PERMISSION FOR EXAMINATION AND TESTS
BY SCHOOL PHYSICIAN / SCHOOL NURSE PRACTITIONER**

PUPIL	GRADE	ROOM / BOOK	SCHOOL
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State law requires physical and dental examinations as well as screening tests for pupils who attend school in Pennsylvania. We recommend that you take your child to your usual source of care to obtain these services. If you do not have a source of care, or if you wish to have your son/daughter examined in school by the school physician or the school nurse practitioner, please sign permission below.

I give permission for the school physician/school nurse practitioner to provide the following services to my child:

- Health history
- Brief physical examination
- Screening tests for
 - ___ growth
 - ___ vision
 - ___ color vision
 - ___ hearing
 - ___ development
- Teacher assessment of health and progress
- Health care teaching
- Health counseling

• *I wish to be present for the health history and physical examination* Yes No

Signature of Parent/Guardian

Date Signed

• *I will take my child to my own physician. Please send me a Private Physician Report to be completed by my doctor.*

Signature of Parent/Guardian

Date Signed

Translated versions of this document are available at: www.philasd.org/translation