THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES

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

PUPIL	GRADE	ROOM / BOOK	SCHOOL

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