

UNIONTOWN AREA SCHOOL DISTRICT

TO: Parent/Guardian
FROM: School Nurse
SUBJECT: Medical Examinations

The Pennsylvania School Health Law requires that children attending school in the Commonwealth receive medical examinations upon entering school (kindergarten or first grade), sixth grade and eleventh grade. This examination may be done at school by the school doctor, or it may be done by your own family physician, at your expense, and recorded on the attached form.

This notice is being sent to the families of the students due for the exam, in order to allow sufficient time for those choosing to have their form completed by their family physician. Again, payment for this is the responsibility of the parent if you choose to have the examination done by your family physician.

Please complete the bottom portion of this form and return it to the school nurse as soon as possible. If for any reason this form has not been completed and returned by the designated date, your child will automatically be scheduled for the exam at school. Thank you for your cooperation.

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_____ Please examine my child at school.

_____ I will arrange for an examination by our family physician.

The attached form must be completed by the doctor and returned to the school nurse by **SEPTEMBER 30**. If for any reason this form has not been completed and returned by the designated date, the child will automatically be scheduled for the exam at school.

Student Name

Parent/Guardian Signature / Date