

EAST LYCOMING SCHOOL DISTRICT

www.elsd.org

Hughesville High School
349 Cemetery St.
Hughesville, PA 17737
570-584-5111
Fax: 570-584-5378

Joseph C. Ashkar Elem. School
350 South Broad St.
Hughesville, PA 17737
570-584-5121
Fax: 570-584-6391

George A. Ferrell Elem. School
34 Court St.
Picture Rocks, PA 17762
570-582-3341
Fax: 570-584-5467

Carl G. Renn Elem. School
183 School Lane
Lairdsville, PA 17742
570-584-3070
Fax: 570-584-5393

A physical examination is required by the School Health Act for students starting school for the **first time**, and for students in the **sixth and eleventh grade**. If your child has had a physical exam within one year prior to a student's entry into the grade where the exam is required please submit documentation of this exam using the physical examination report form. Your physician can fax the completed form to the number above.

We encourage you to see your own physician as he/she can best follow your child's progress and carry out any necessary treatments. However, if you choose to have his/her exam at school, please sign this consent form and return to the appropriate school. After signed consent is obtained you will also receive a form that you will need to complete prior to the physical that provides medical history information for the school physician. Results of this exam will be sent home with any recommendations for follow-up care. Parental consent **must** be obtained prior to the examination.

NOTE: The physical examination will be done in a private room in the school nurse suite. Each physical performed by a qualified medical practitioner will include review of previous medical records and current medical history. You may also request to be present with your child during the physical examination. Please contact your child's school nurse to make arrangements for this if you wish to be present.

Please complete this section if you are choosing the school exam (please print clearly):

Child's name: _____ Grade: _____

I _____ give my permission for my child
_____ to be examined by the school provider/physician.

Parent Signature: _____

Date: _____

This for MUST be signed and returned to the school nurse no later than February 1st if you want your child to be examined by the school provider/physician.