SOUDERTON AREA SCHOOL DISTRICT
School Health Services
PERMISSION FORM

Child's Name _____

Date _____ Room Number _____

Dear Parent or Guardian:

The School Health Law requires dental examinations for those children on original entry (i.e., kindergarten or first grade), 3rd and 7th grades; medical examinations for those on original entry, 6th and 11th grades; scoliosis screening in 6th and 7th grades. These grades were selected because they represent critical periods of growth and development in a child's life.

We are recommending that these examinations be done by your family dentists and physicians since they can best evaluate your child's health and assist you in obtaining necessary treatments and corrections.

At this time, please check the appropriate space indicating your desire to have the exam done by your family dentist and/or physician at your own expense **or** a school exam.

You will be provided with the appropriate form for the anticipated year.

Dental Examination by Dentist Kindergarten, 3rd & 7th grades	☐ (School)	☐ (Private)
Physical Examination by Physician Kindergarten, 6th & 11th grades.	☐ (School)	☐ (Private)

Date _____

_____
Parent or Guardian Signature

We appreciate your cooperation in helping us carry out this phase of the health program in our school.

Sincerely,

School Nurse

Please note that the private examination may be completed within 1 year of the first day of the specified school year.

Form #8