

**James F Baugher Elementary**

**570-742-7631**

**Fax-570-742-6025**

**White Deer Elementary**

**570.568.6201**

**David Slater**

**Principal**

**Philip Heggenstaller**

**Principal**

**Daphne snook**

**Director of Elementary**

**Education**

**Montandon Elementary**

**570.524.3218**

Dear Parent:

The school law requires physical examinations for students upon original entry (usually kindergarten), 6th and 11th grades because these grades represent critical periods of growth and development in a child’s life. **We have not received a completed physical exam for your child.** If your child has moved here from another school district and we don’t have any in their file, they need to have an exam no matter what grade they are in now.

**If you would prefer to have the school physician examine your child, you must still sign the form below and indicate which method of exam you want for your child.**

Sincerely,

Mrs. Christine Wendt RN, BSN, CSN

Certified School Nurse

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SIGN & leave with your child’s teacher**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ Please have the school doctor do the physical examination at school. (We will check blood pressure & pulse; examine nose, mouth, ears; listen to the lungs & hear; check for hernia on boys; and examine for normal growth & development and the alignment of the spine.)

\_\_\_\_\_\_\_\_\_\_\_\_\_ Our family doctor will do the exam. I understand it must be returned by the end of the school year to complete the requirements for their grade level.

Please update your child’s health history:

**Current medical problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies (food or medicine) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**