

CONNELLSVILLE AREA SCHOOL DISTRICT
KINDERGARTEN PHYSICAL/DENTAL PERMISSION

Name of Student

PHYSICAL CONSENT FORM

The Laws of the Commonwealth of Pennsylvania require a physical examination of all children upon entry to school. The school physician will perform these exams. If the examination is not completed at school it must be done by your family doctor at your personal expense. A form will be provided for your doctor to complete.

PLEASE CHECK

_____ Please examine my child at school.

_____ Private Exam (Form must be returned to School Nurse by _____).

Signature of Parent/Guardian

Date

DENTAL CONSENT FORM

The Laws of the Commonwealth of Pennsylvania require a dental examination of all children upon entry to school. The school dentist will perform these exams at the Connellsville Area Career and Technical Center. The students will be transported by bus to and from the facility along with their teacher. If the examination is not completed at school it must be done by your family dentist at your personal expense. A form will be provided for your dentist to complete. All children will be transported to CACTC; however, if a private exam is requested, your child will not be examined.

PLEASE CHECK

_____ Please examine my child at school.

_____ Private Exam (Form must be returned to School Nurse by _____).

Signature of Parent/Guardian

Date