

**MIDLAND BOROUGH SCHOOL DISTRICT  
HEALTH CONSENT FORM**

**HEALTH SCREENINGS FOR STUDENTS IN ALL GRADES**

The PA School Health Code requires the following health screenings.

- Height and weight screening each year. School code also requires that the results of these screenings (along with BMI calculations) be sent annually to parents.
- Vision screening each year. A representative from the Blind Association of Beaver County may assist with vision screening.
- Hearing screening is required yearly for K4 through Grade 3 plus Grades 7 and 11. Screenings are also required for all special education students. Students in other grades may be screened if symptoms suggest a hearing problem
- Scoliosis is required for students in grades 6 and 7. The school nurse will conduct each screening individually with another faculty member or student nurse present.

\_\_\_\_\_ I give permission for the above screenings to be done at school

\_\_\_\_\_ I will have the screening done by my family physician. I will return all results to the school within 90 days of the start of the school year

**SCHOOL PHYSICAL CONSENT FOR STUDENTS IN KINDERGARTEN, GRADE 6 & GRADE 11**

Pennsylvania School Code requires school physicals for students entering school (Kindergarten – Age 5), Grade 6 and Grade 11. The school physical exam consists of a check of eyes, ear, nose and throat; a check of heart rate and lung sounds; and palpitation of abdomen to check for enlarged liver and/or spleen. Students remain dressed during the exam.

\_\_\_\_\_ I give permission for the school physician to do the physical exam for my child

\_\_\_\_\_ I will have the physical exam done by my family doctor and return results to the school by the date of the school physicals (April of each year).

**SCHOOL DENTAL CONSENT FOR STUDENTS IN KINDERGARTEN, GRADE 3 AND GRADE 7**

Pennsylvania School Code requires school dental exams for students entering school (Kindergarten – Age 5), Grade 3 and Grade 7. This is a visual exam of the teeth for screening purposes only. Students with any dental problems will be referred to their family dentist if needed.

\_\_\_\_\_ I give permission for the school dentist to do the dental screening for my child

\_\_\_\_\_ I will have physical exam done by my family dentist and return results to the school by the date of the school dentals (November of each year).

**STUDENT NAME** \_\_\_\_\_

**GRADE** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_