

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 K-4 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 screenings 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 Six, and Grade Eleven. The school physical exam consists of a check of eyes, ear, nose and throat; a check of heart rate and lung sounds; and palpation 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 & 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 the 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 _____ GRADE _____

PARENT SIGNATURE _____ DATE _____