



Frazier School District

Office of the School Nurse

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Dear Parent/Guardian,

Pennsylvania law requires all students enrolled in a **Pre K Counts** program to have a **physical and a dental exam.**

Please have the attached Private Physician Report form and Private Dentist Report form completed and return it to the office of your child's school by **August 15, 2021.** This will be placed in your child's health record and will serve as documentation for the 2021-2022 school year.

Or, if you prefer, initial and sign the permission form below. Your child will then be scheduled to see our school physician and school dentist during his/her Pre-K year. Our school physician and dentist will then be responsible for completing the necessary documentation.

Please complete and return **one** set of forms as soon as possible.

Any student without a Private Physician or Private Dentist form at the time of school exams, will be scheduled to see the school physician and/or dentist.

Thank you for your time and cooperation.

Sincerely,
Elisa DeLucia, RN, BSN, CSN
Frazier School Nurse

My child, _____, in grade Pre-K,

has my permission to be seen by the school physician and school dentist to satisfy this health requirement for the 2021-2022 school year.

Parent/Guardian Signature

Date