



Frazier School District

Office of the School Nurse
724-736-9507

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Pennsylvania law requires all students enrolled in a Pre-K, Kindergarten, Third, Sixth, Seventh, or Eleventh grade to have either a **physical and/or a dental exam**.

If you are not providing a recent copy (On/After September 1, 2019) of a physical or dental exam, please complete and sign the permission form below. Your child will then have the opportunity to see our school physician and/or dentist during the 2019-2020 school year and you will be invited to be present. Our school physician and/or dentist will then be responsible for completing the necessary documentation.

Thank you for your time and cooperation.

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

My child, _____, in grade _____,

***has my permission** to be seen by the school **physician** to satisfy this health requirement for the 2019-2020 school year.

Parent/Guardian Signature

Date

***has my permission** to be seen by the school **dentist** to satisfy this health requirement for the 2019-2020 school year.

Parent/Guardian Signature

Date