

# *Frazier School District*

OFFICE OF THE SCHOOL NURSE  
142 Constitution Street  
Perryopolis, PA 15473-1390  
PHONE: (724) 736-9507  
FAX: (724) 736-0688

## PERMISSION TO SCREEN 2020-2021

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

School health services are designed to help students maintain optimum health and promote academic success. The following screening examinations are conducted each year in accordance with the Pennsylvania School Health Act. These grades were selected because they represent critical periods of growth and development in a child's life.

- \_\_\_\_\_ **Growth Measurement** – height, weight and body mass index measurements are checked once a year in grades K – 12.
- \_\_\_\_\_ **Vision Screening**–near and far visual acuity is checked once a year in grades K – 12. This identifies most children needing a complete eye examination.
- \_\_\_\_\_ **Hearing Screening** – hearing is checked once a year for each student in grades K, 1, 2, 3, 7 and 11.
- \_\_\_\_\_ **Physical Exam** – medical screening is performed by the school physician/nurse practitioner for students in grades K, 6 and 11. This is a basic screening ONLY-there is no diagnosis or treatment.  
\*May choose to have completed by private physician at your own expense
- \_\_\_\_\_ **Scoliosis Screening** – included in the grade 6 medical screening to detect deviations from the normal curvature of the spine through observation.
- \_\_\_\_\_ **Dental Exam** – dental health screening is performed by the school dentist for students in grades K, 3 and 7. This is a basic screening ONLY-there is no diagnosis or treatment.  
\*May choose to have completed by private dentist at your own expense

Please give your permission for these state-mandated screenings by signing your **initials on the line** next to the individual screening descriptions and then signing and dating the bottom of this form.

This form will be placed in your child's school health record and remain in effect while in attendance here at the Frazier School District unless otherwise directed by you, the parent/guardian, in writing.

Thank you for your interest in helping to maintain the health and well being of our children.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date