



**Corry Area School District**

540 East Pleasant Street

Corry PA 16407

Phone: (814) 664-4677

Fax: (814) 664-9645

<http://www.corrysd.net>

**Consent for School Health Services**

**ALL** Prospective Students

Completed by Parent or Guardian

Dear Parent/Guardian:

The health of children is very important if they are to succeed in school. Therefore, to safeguard children in our District, we begin preventative examinations when the child enters school. The State of Pennsylvania, in cooperation with the school nurse, local doctors and dentists, will provide the following tests at various intervals throughout their school years.

- |                                       |                           |
|---------------------------------------|---------------------------|
| 1. VISION SCREENING                   | Every grade, K through 12 |
| 2. HEARING SCREENING                  | Grades K, 1, 2, 3, 7, 11  |
| 3. PHYSICAL EXAM                      | Grades K, 6, 11           |
| 4. SCOLIOSIS (Alignment of the spine) | Grades 6, 7               |
| 5. HEIGHT AND WEIGHT                  | Every grade, K through 12 |
| 6. DENTAL EXAM                        | Grades K, 3, 7            |

***Referrals will be made when standard normal results are not met.***

Please give permission for your child to receive these screening tests by signing this form below. This form will be placed in the student's permanent health record. It will remain in effect from Kindergarten through Grade 12 unless otherwise determined by the parent.

**PLEASE NOTE:**

1. If permission is not granted for the above state mandated testing, the parent/guardian is responsible for scheduling these tests with the appropriate caregiver. Furthermore, the test results must then be provided to the school nurse for the student's health record.
2. For medication to be given during school hours, the parent/guardian must obtain and have completed the Medication Forms A (parent consent) and B (physician orders). These forms must be turned in to the school nurse before medication can be given to the student. Forms can be obtained in the school office.

I give my permission for \_\_\_\_\_

*Student's Name*

to have the tests listed above.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

***HEALTHY CHILDREN LEARN BETTER!***

*Equal Rights and Opportunity Agency*