



Union Area School District

2106 Camden Avenue • New Castle, Pennsylvania 16101 • ☎ 724-658-4501 • FAX 724-658-8617

ROB J. NOGAY, MEd, Middle/High School Principal

Physical Examination Parent Permission

Dear Parent/Guardian:

The Pennsylvania School Code requires a **Physical Examination** be completed on every student **in 6th and 11th Grade**. Your private physician is the best person to perform the examination, since they know your child's medical history.

Union Area School District can provide your child with a Physical Examination. This examination CANNOT be completed in school without your WRITTEN PERMISSION. Please sign this form and indicate your choice below.

If you plan to have your own physician perform this examination, have them complete the attached form and return it to the school nurse ASAP. THE EXAMINATION FORM MUST BE DATED NO EARLIER THAN ONE YEAR PRIOR TO SCHOOL ENTRY. Examination forms dated earlier are not valid and cannot be accepted.

Thank you for your cooperation.

Sincerely,
Mrs. Trocci, RN
Mrs. Benedict, RN BSN, CSN

Student Name: _____

____ I will take my child to my **family physician** and return the form to the health office.

____ I would like the examination completed by the **school physician**.

Parent/Guardian Signature: _____