



Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

Med. Form

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Medical Screening Acknowledgment

In order to eliminate the need to send home numerous permission slips for the various phases of our school health programs, we are offering this form as an overall coverage for this program.

Student Name _____ Date of Birth _____

I understand my child will participate in the following Pennsylvania State mandated health programs:

- Annual Vision Screening, Grades K-12
- Annual Height and Weight Screening, Grades K-12
- Hearing Screening, Grades, K, 1, 2, 3, 7, and 11
- Scoliosis Screening, Grade 7
- Physical examinations upon entry into school (Grades K or 1) and Grades 6 and 11*

If you have any questions regarding the school health program, please feel free to call your school nurse.

Signature of parent/guardian

Date

*You may have the routine school health examination performed by your family physician at your expense. A private physician's form is enclosed in this packet. If your child is to be examined by the school physician, you will be informed when and where the exam will occur. If you wish to attend, contact the school nurse.