LAKELAND SCHOOL DISTRICT
1355 Lakeland Drive
Scott Township, Pennsylvania 18433
Telephone: 570-254-9485
Fax: 570-254-6730

SCHOOL HEALTH SERVICES

Name of Student: _____ Date of Birth: _____

The Nature and Purpose of the Health Record

I understand that the information I give to the School Nurse is important for the school staff to understand and help the health and education of my child.

I understand that this information will be kept confidential by the school health office, and will be shared with other professionals in the school and in other institutions only when the School Nurse and/or the School Physician believe it is in the best interest of my child's health and education.

Copies of my child's health record will be sent to other agencies when requested **ONLY** with my written consent.

Mandated Screenings

The Pennsylvania School Code requires health screenings for all school age children. The Lakeland School District will provide the following screenings on students in specific grades as mandated by the state:

- Height, weight, and BMI
- Vision
- Hearing
- Scoliosis

Permission for Physical and Dental Examinations

The Pennsylvania School Code **(STATE LAW)** requires physical and dental examinations at specific grade levels. Parents/guardians are notified and given private examination forms prior to school examinations. The physical includes the examination of skin, eyes, ears, nose, throat, teeth, gums, heart, lungs, abdomen, neuromuscular system, skeletal system, nutritional & emotional status, blood pressure & pulse. **If the private physical/dental forms are not returned within six weeks of the start of school, the school nurse will schedule the examination by the school physician, practitioner, or dentist**. Parents/guardians are notified of the date of the scheduled examinations. Those who wish to be present during school examinations need to notify the school nurse.

This signed permission will remain valid as long as my child attends Lakeland schools.

Parent/Guardian Signature: _____ Date: _____

Date Received in Health Office: _____ Nurse Initials: _____