

# Upper Perkiomen School District

## Permission for School Physical Examination

I give my permission for \_\_\_\_\_ to receive a school physical examination. I understand that I am encouraged to be present for the physical.

\_\_\_\_\_ I **will attend** my son/daughter's physical appointment. Please call me with the date and time.

\_\_\_\_\_ I **will not attend** my son/daughter's physical appointment. The physician should know the following information about my son/daughter.

Current Medication(s): \_\_\_\_\_

Recent Illness(es): \_\_\_\_\_

Recent Hospitalization(s): \_\_\_\_\_

Concerns the doctor should be aware of: \_\_\_\_\_

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

\_\_\_\_\_  
Date