

Upper Perkiomen School District

Permission for School Physical Examination

(Please be aware that immunizations are NOT given with the school physical and must be obtained on your own.)

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

Please be aware that the physical exam for all 6th grade boys includes a hernia exam.

_____ 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