



Highlands School District

P.O. Box 288
Natrona Heights, PA 15065
Phone: 724-226-2400 Fax: 724-226-8437
www.goldenrams.com

Physical Examination Verification / Permission

Dear Parent/Guardian,

The Pennsylvania School Health Law, Pennsylvania Department of Health and Highlands School District require and mandate that students in **Kindergarten, 6th and 11th grades** receive a physical examination.

To date, our records indicate that your son/daughter has failed to return any verification of receiving an examination required for the present school year.

Please provide one of the following options before **December 1**:

1. Have your private physician complete the attached form and return to the school nurse before **December 1, OR**

2. Complete the bottom of this page and return to the school nurse before **December 1**.

Thank you for your cooperation.

HIGHLANDS SCHOOL NURSES

DETACH AND RETURN BOTTOM

Student _____ School _____ Grade _____

I, _____, give the Highlands School District's school
Parent's Signature
physician permission to give my child a physical examination during school hours.*

Please circle if you wish to be present at the time of the school physical examination. **YES** **NO**

I, _____, will have my child examined by our private
Parent's Signature
physician and will return the attached form before **December 1**.

Examinations by the school physician will be scheduled after **December 1 in cooperation with the school administrator, school nurse, and physician. Scheduling will depend on the availability of the school physician.*

Kim Woodrow, RN, CSN
Highlands High School
724-226-1000

Shelly Long-Vickers, RN, CSN
Highlands Middle School
St. Joseph High School
OLMBSS
724-226-0600

Mary Beth Jones, CRNP
Grandview Upper Elementary
Fairmount Primary Center
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Pre-K Counts
724-224-0300