

SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT
Harrisburg, Pennsylvania 17109

CONFIDENTIAL STUDENT HEALTH LIST

STUDENT NAME _____

Each year the school nurse prepares a confidential list of students with health concerns that should be known to all staff members in order to protect the health of those students. The list is shared with all teachers (i.e. classroom, special teachers, recess and lunch supervisors and substitutes) working with the child. Please note below any health information that you want shared or write "none" if there is not a concern to share in this way.

Signature

Date

PHYSICAL & DENTAL EXAMS

Pennsylvania Health State Law requires all children entering kindergarten or transferring from out of state to have a physical and dental exam before entry into school. (Physical exams are mandated again at grades 6 and 11.) The exams may be done by the school doctor/dentist or your family doctor/dentist.* It should also be noted that exams must be obtained after Jan. 1 to satisfy the entry year requirement. Please indicate your preference below and note the deadlines indicated.

_____ I plan to have the exams completed by my family doctor and dentist and understand that if they are not submitted by December 1, the exams will be done by the school doctor and dentist.

_____ I plan to have the physical exam completed privately by December 1, but would like the school to do the dental exam.

_____ I give permission for the school doctor and dentist to do both of the required exams.

Signature

Date

*If there is a financial concern in obtaining these exams, please see the school nurse.