



Avella Area School District

AVELLA ELEMENTARY CENTER
1000 AVELLA ROAD • AVELLA, PENNSYLVANIA 15312

724-356-2294
FAX 724-356-7892

MEDICAL CONSENT FORM

CHILD'S NAME _____

GRADE _____

PHONE NO. TO REACH PARENT/GUARDIAN _____

The laws of the Commonwealth of Pennsylvania require periodic health examinations of all children who are attending school. Physical examinations are required: 1) on original entry to school (Kindergarten or First Grade); 2) Sixth grade; 3) Eleventh grade.

If you want your own doctor to do the examinations, please request the necessary forms that are to be completed and returned to the school. Exams are to be within four months prior to start of the school year. Please call the school nurse if you have any questions. Thank you for promptly returning this form.

_____ I wish to take my child to my own doctor for examination.

_____ I wish my child to be examined by the school doctor.

Parent/Guardian Signature

Date

*Physicals are scheduled for: _____
