

MONTOURSVILLE AREA SCHOOL DISTRICT

NURSE'S OFFICE

School Physical Permission Form

Student's Name: _____

I give permission for my child to receive a physical examination by Dr. Beall
(school physician) at _____

Name of Child's School

During school hours on _____.

Date of Examination

The purpose of the physical is for:

_____ In compliance with the School Health Law on mandated physical
examinations for students in grades K or 1, 6 and 11.

_____ In compliance with PIAA rules for participation in school sports.

Parent/Guardian Signature

Date: _____