LETTER OF ACKNOWLEDGMENT

 By your signature, you acknowledge and consent to the following health services which will be provided to your child by the Port Allegany School District. At the beginning of the appropriate grade level, you will be informed of the requirements for physical and dental examinations. If at any time you have questions concerning specific health services provided by the school district, please contact the school nurse.

**Screenings / Examinations**

 K Vision – Hearing Height & Weight Physical Dental

 1 Vision – Hearing Height & Weight

 2 Vision – Hearing Height & Weight

 3 Vision – Hearing Height & Weight Dental

 4 Vision Height & Weight

 5 Vision Height & Weight

 6 Vision Height & Weight Physical Scoliosis screening

 7 Vision – Hearing Height & Weight Dental Scoliosis screening

 8 Vision Height & Weight

 9 Vision Height & Weight

 10 Vision Height & Weight

 11 Vision – Hearing Height & Weight Physical

 12 Vision Height & Weight

 NOTE: Medication will not be administered in school unless absolutely necessary, If, however, it does become necessary for your child to receive medication during school hours, the following procedures must be followed:

1. Medication must be brought to school by an adult in the pharmacy container, labeled with the following information: Name of child, name of medication, the correct dosage, time of administration, and name of physician.
2. The parent must provide a written physician’s order for the medications, which states the child’s name, medication dosage, and time of administration.

The necessary forms for medication administration are available from the school nurse.

 Student Name:       Grade Level:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: March 27, 2014 Parent / Guardian Signature

Please fill in / print / sign / submit to Port Allegany Elementary School Principal Office.

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