

# WARWICK SCHOOL DISTRICT

**Warwick High School  
Warwick Middle School**

**Lititz Elementary School  
Kissel Hill Elementary School  
John Beck Elementary School  
John R. Bonfield Elementary School**

## MEDICAL EXAM

Dear Parent/Guardian:

The Pennsylvania School Code, Section 1402, stipulates that **medical examinations** shall be provided for all children. These are given upon original entry, (kindergarten or first grade), in sixth grade, and in eleventh grade. **Transfer students and students with incomplete health records may also be required to have a physical examination.** The only exemption to this school health law is for religious beliefs.

We are recommending that these examinations be done by your family physician since he/she can best evaluate and assist in obtaining the necessary treatment. The family physician should complete the attached form. The medical examination must be performed on or after **September 1<sup>st</sup> of the previous school year to be acceptable.**

If you are unable to have the examination done by your family physician, please complete the portion below and return this permission form to the school nurse immediately. School examinations are performed with no cost to you.

**\*High School Enrollees Please Note:** If your child is getting a physical for a driver's license or working papers, remember to have the physician fill out the attached form at the same time. Working papers and driver's license papers **will not** fulfill this physical requirement. However, the school sport physical form **will be** accepted for the required eleventh grade physical. Please check below if your child will be receiving an examination by your family physician for a school sport and return this packet to the school nurse.      Fall Sport       Winter Sport       Spring Sport

Thank you for your cooperation in helping us to carry out this phase of the school health program.

Sincerely,

**Gerrie Elder, School Nurse**  
Warwick High School

**Paula Dennes, School Nurse**  
Warwick Middle School

**Sue Ann Hummel, School Nurse**  
John Beck Elementary School

**Jackie Drexel, School Nurse**  
Lititz Elementary School

**Nancy Weinhold, School Nurse**  
Kissel Hill Elementary School

**Yvonne Gingrich, School Nurse**  
John R. Bonfield Elementary School

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Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

I wish the above named student be examined by the **school physician.**

\_\_\_\_\_  
Signature of Parent/Guardian

**Check one:**    \_\_\_\_\_ I want to be present for this exam    \_\_\_\_\_ I am unable to be present for this exam