



## School Physical Consent Form

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

School: \_\_\_\_\_ DOB: \_\_\_\_\_

Please read and check the correct box. Sign and return to the school nurse.

- I do give permission for the designated school physician or nurse practitioner to complete a physical examination as per school policy and as required by NYS Education Laws.
  
- I do not give permission for the designated school physician or nurse practitioner to complete a physical examination as per school policy and as required by NYS Education Laws. I will have a physical completed by our family physician.

This consent is valid from this date unless revoked by the parent or guardian. If custody or guardianship changes in the future, it is the responsibility of the parent or guardian to notify the school district of such a change.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date