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# LINE MOUNTAIN SCHOOL DISTRICT

## Line Mountain Middle/High School

Jeffrey Roadcap, Principal  
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Cindi Grimm R.N., B.S.N.



## Line Mountain Elementary School

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### Mandated Health Services Permission Form (Updated Form)

The Pennsylvania State Law requires all school districts to provide the following mandated health screenings and examinations. In order to eliminate the need for numerous forms, this permission form will remain in effect as long as your child is enrolled in the Line Mountain School District.

- Height, Weight and BMI Screening- (Body Mass Index) - Grades K-12
- Vision Screening - Grades K-12
- Hearing Screening – Grades K, 1,2,3,7, 11
- Scoliosis Screening – Grades 6 & 7
- \* Physical Examinations – K, 6, 11
- \* Dental Examinations – K, 3, 7

(\* Private Physical & Dental Exams and PIAA sports exams performed up to one (1) year BEFORE the FIRST day of the mandated grade may be accepted. )

I am the Parent of \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

I understand that I may choose to have the required physical/dental exams done by my child's healthcare provider/dentist at my expense. I also understand that I must inform the school nurse in writing BEFORE the day of the school exam and that the "Private Physician" and/or "Private Dental" report must be received by the School Nurse BEFORE the day of the school examination. (Private forms are available from the school nurse and are on the school webpage.)

I give permission for these mandated services to be provided by the Line Mountain School District. Notification of Special Examinations (Physical, Dental & Scoliosis) will be sent home prior to the school examination date. I understand that the school physician/dentist will perform the exam(s) if a "Private Physical" and/or "Private Dental" report(s) has not been received BEFORE the date of the school exam(s).

I also understand that if my child is absent or refuses to be examined by the school physician or dentist, it becomes the responsibility of the parent/guardian to have a private exam completed at their expense and that the completed form MUST be received by the school nurse BEFORE the end of the year in which it is required.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM IS DUE BACK TO YOUR CHILD'S NURSE**