

PARENT PERMISSION FORM

Student's Name

Grade

Date

I understand that I have a choice between a physical examination by a family physician at parent's expense or a school examination by the school health provider.

Please **check** below and return as soon as possible.

_____ School Physical Examination

_____ Private Physical Examination

_____ School Dental Examination

_____ Private Dental Examination

If the Private Physical/Private Dental forms are not returned, your child will be scheduled for a school examination.

Signature of Parent or Guardian

Cut Here

LEBANON SCHOOL DISTRICT

FAMILY DENTIST REPORT

If this form, or a similar statement signed by your dentist, is not returned, your child will be examined by the school dental examiner.

Student _____ Grade _____

School _____ Teacher _____

The above-named child last visited my office on _____(Date)

At that time all necessary corrections were made yes _____ no _____

This child is currently under treatment yes _____ no _____

DENTIST'S SIGNATURE _____