



Paterson Day Care 100 inc.
363 Broadway
Paterson, NJ 07501

PHYSICAL EXAMINATIONS AND SCREENINGS
PARENT/GUARDIAN CONSENT FORM

REQUIRED

N.J.A.C. 6A:16-2.2 & N.J.S.A. 18A:40-4. Parents shall provide documentation that a medical examination has been conducted at the medical home of the student, and a report sent to the school nurse. Within 30 days upon enrolling into school. The complete physical examination shall be documented on the approved school district form and shall include the immunizations, medical history including allergies, past serious illnesses, injuries and operations, medications and current health problems, health screenings including height, weight, hearing, blood pressure and vision. This examination must state what, if any, modifications are required for full participation in the school program.

A student shall be examined pursuant to a comprehensive child study team evaluation and when applying for working papers.

SCHOOL ATHLETIC SQUAD OR TEAM:

An examination of each candidate for a school athletic squad or team shall be conducted within 365 days prior to the first practice session. For the purpose of the physical examination required for participation, the student's parent/guardian may choose either the school physician or their own private physician. This examination must be documented on the approved New Jersey Department of Education Athletic Pre-Participation Physical Examination Form.

RECOMMENDED:

Each subsequent medical examination shall be conducted at the student's medical home and report sent to the school at least one time during each developmental stage in early childhood, pre-adolescence, and adolescence.

Kindergarten, 6th grade, 8th grade, and 10th grade.

SCREENING:

In school, health screenings, including height, weight, vision, hearing, blood pressure, biennial scoliosis screening and referral will be conducted by the school nurse and/or the school physician.

A copy of this signed consent/notification form will be kept with your child's health records.

Child's Name _____ DOB ____/____/____ Grade _____

Parent/Guardian Signature _____ Date ____/____/____