



# HANNIBAL CENTRAL SCHOOL DISTRICT

928 Cayuga Street Hannibal, NY 13074

Phone: (315) 564-8100 ext. 5008

Fax: (315) 564-7285

## School Physical Consent Form

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

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

Please read and check the correct box. Sign and return this 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/guardian. If custody or guardianship changed in the future, it is the responsibility of the parent/ guardian to notify the school district of such change.

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

Date: \_\_\_\_\_