

MCQUAID
HIGH **JESUIT** SCHOOL

1800 S. CLINTON AVE.
ROCHESTER, NEW YORK 14618-2659

PERMISSION FORM FOR SCHOOL PHYSICIAN'S EXAM

_____ I give permission to have my child interviewed and examined by the school physician/provider as scheduled at the convenience of the school. I have read the attached information sheet on health appraisals, and have advised my child of my decision.

Student's Name

Grade/Homeroom

Parent's Signature

Date

PLEASE RETURN TO YOUR BUILDING HEALTH OFFICE TODAY