

Harmony Township School
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September 2009

Dear Parent or Guardian:

As part of the general school health program, each student must receive a physical examination upon entry into the school district. This examination must be done no more than 365 days prior to entry and must state what, if any, modifications are required for full participation in the school program. Students entering kindergarten and students transferring from another district are affected by this mandate.

Also, please be advised of the importance of obtaining subsequent examinations at least once during each of the student's developmental stages:

- early childhood (preschool through grade 3rd)
- preadolescence (grades 4th through grade 6th)
- adolescence(grades 7th through 12th)

Additionally, pursuant to N.J.A.C.6A:16, "Programs to Support Student Development," all students in grades 6-12, who wish to participate in an intramurals program, must complete a comprehensive Health History questionnaire and receive a pre-participation physical examination. No student may participate in the Harmony Township School after-school intramurals program until these two approved forms are completed satisfactorily. The physical exam may be performed by the student's private physician or at school by Dr. Eugene Decker, school medical examiner. The health history form must be returned to the school nurse prior to the physical exam at school.

The Harmony Township School physician, Dr. Eugene Decker, will conduct physical exams in the health office for prekindergarten, transfer, 4th grade students, 7th grade students and intramural participants. You are invited to be present for your child's examination. Dates will be provided at a later time. If you would prefer to have your private doctor examine your child, a form will be provided for the doctor to complete and return to school.

Please indicate your preference on the form below and return to my office as soon as possible.
Thank you for your cooperation.

Sincerely yours,

Jill Broschious, School Nurse

PLEASE COMPLETE AND RETURN FORM AS SOON AS POSSIBLE

Student Name _____

_____ My child wishes to participate in the after school intramural program (grades 6-8 ONLY)

_____ I give permission for Dr. Decker to examine my child.

_____ I wish to be present during the exam at school.

_____ I will have my private physician examine my child: send me the appropriate forms to be completed by the doctor.

Signature of parent/guardian