



Note: This form must be completed for **Female Residential Students ONLY**, and must be signed by a Parent or Guardian.

GYN Permission Form
Landmark High School
Health Center

RE: Gynecological Exam by a Physician/Nurse Practitioner

IMPORTANT: If it is deemed necessary in the course of a diagnosis and treatment, I do hereby give permission for my daughter,

(Student's Full Name)

to have a gynecological exam. I understand that I will be notified prior to the exam, if arranged by the school.

I recognize further that my daughter may seek medical attention outside the school's referral system and without the knowledge of Landmark School in which event the school would not be in a position to give the parents/guardians advance notice.

Parent/Guardian Additional Comments:

Signature of Parent/Guardian: _____

Date: _____