

North Allegheny School District
Health Services

PLEASE RETURN THIS DENTAL EXAMINATION FORM TO THE SCHOOL NURSE
NO LATER THAN YOUR CHILD'S FIRST DAY OF SCHOOL

Child's Name: _____

Dear Parent or Guardian:

The Pennsylvania School Health Law requires that all students receive a dental examination on entrance to school in kindergarten, and in 3rd and 7th grades. A dental examination is also required for students in other grades who have no record of an examination on file in his/her school. This exam can be dated anytime during the 12 months prior to the start of the mandated exam school year. *Therefore, since the school year begins on August 25, 2008, the dental exam can be dated anytime from August 25, 2007.*

The best interests of your child are served by having a continuous relationship with a family dentist. **Please have your child's dentist complete this report form and return it to the school nurse by the date indicated at the top of the page.**

FOR DENTAL EXAM COMPLETED AT SCHOOL

If you are financially unable to pay for an examination by your family dentist, please sign below and return this form to the school nurse. The exam will be done sometime in February or March of 2008.

I _____, *do permit* my child, _____ to receive a
(PARENT/GUARDIAN)
dental examination by the school dentist.

Tear off and return to the School Nurse

DENTAL EXAMINATION REPORT

Child's Name: _____ Birth Date: _____

was examined in my office on _____.

(Dentist's signature required)

(Please print dentist's name or office stamp)