

North Allegheny School District
Health Services

**WE HAVE NOT RECEIVED DOCUMENTATION OF A
DENTAL EXAM FOR YOUR CHILD.
PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL NURSE.**

Child's Name: _____ Student ID: _____ Homeroom _____

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. *As an example, your child started school on August 21, 2025, the dental exam can be dated anytime from August 21, 2024.*

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 as soon as possible.**

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.

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

For Private exam please tear off and return to the School Nurse

DENTAL EXAMINATION REPORT

Child's Name: _____ student id: _____

was examined in my office on _____.

(Dentist's signature required)

(Please print dentist's name or office stamp)