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, 2023, the dental exam can be dated anytime from August 21, 2022.

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

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

DE NTAL EX AM IN ATI ON REP ORT

Child’s Name: ____________________________  student id: ____________  

was examined in my office on ________________________________.

__________________________________________     ______________________________________
(Dentist's signature required)                            (Please print dentist's name or office stamp_)

9005G- Rev. 12/22