



The
Windward
School

Dental Examination Form

Requested for New Entrants and Those Students Entering Grades 1, 3, 5, 7 & 9

To be completed by the Parent/Guardian (please print)

Student Name:	Birth Date:
Address:	Grade:
Parent or Guardian:	Telephone:
Address of Parent or Guardian:	Date:

To be completed by the Dentist:

The Dental Health of _____ examined on _____ (date)

- Yes** The student listed above is in fit condition of dental health to permit attendance at school.
- No** The student listed above is not in fit condition of dental health to permit attendance at school.

EXPLAIN: _____

Treatment needs (check all that apply, explain)

- Urgent Treatment** _____
- Restorative Care** _____
- Preventive Care** _____
- Other** _____

Name of Dentist (print) _____

Signature _____

Address _____ Phone _____

