

PUBLIC SCHOOLS OF EDISON TOWNSHIP  
 EDISON, NEW JERSEY 08837  
 HEALTH SERVICES

**DENTAL HEALTH FORM**

Dear Parent/Guardian:

An important part of your child's total well-being is the care of the teeth and prevention of decay. In order to promote positive dental health maintenance at an early age, we are asking you to have your family dentist complete the dental form below and return it to the school. This dental form then becomes an essential part of your child's school and health records.

The condition of a child's teeth often affects not only attendance at school but also performance including speech development, in school. Statistics demonstrate that many children have not achieved as well as their capabilities indicate because of discomfort and pain due to cavities and discomfort, pain and illness from teeth that are abscessed.

All parents are interested in the scholastic achievement, health and welfare of their children. In order to improve the dental health of the children of our township, especially those who will be entering kindergarten in September, you are urged to arrange for dental examination of your child's teeth by your family dentist without appreciable delay. The preventive measure of determining tooth defects and decay and obtaining early corrective treatment will help protect permanent teeth and assist in their proper development.

Following the dental examination, please ask your dentist to complete the attached form and return it to school as soon as possible.

Respectfully,

\_\_\_\_\_ School Nurse                      \_\_\_\_\_ School                      \_\_\_\_\_ Phone

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**TO BE COMPLETED BY FAMILY DENTIST**

I have examined \_\_\_\_\_ D.O.B. \_\_\_\_\_

- Please check one:     Patient under treatment.  
                                   Dental treatment completed.  
                                   No treatment necessary.

Remarks: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Dentist

\_\_\_\_\_  
 Date