



Millcreek Township School District

3740 West 26th Street
Erie, PA 16506
(814) 835-5300

Report of Private Dental Exam

For Students entering K/1, Gr. 3, Gr. 7
Completed by Dentist

Version 13.1

Dear Parent or Guardian:

The Pennsylvania School Health Act stipulates that dental examinations shall be provided for all children of school age on original entry into school (kindergarten / 1), in the third (3rd) grade, and in the seventh (7th) grade.

The State Department of Health recommends that these examinations be conducted by the family dentist because he/she will be able to provide a more thorough and accurate evaluation of your child's dental health in addition to providing the necessary treatment and correction.

It is important that your child's school have a record of his/her dental health status. This form is provided prior to enrollment into the Millcreek School District or prior to summer vacation in order for parents / guardians to schedule examinations with their family dentist prior to the start of the new school year.

Please return the completed form to the **school nurse** on or before **October 1st**. If an examination with the family dentist is not done and this form is not completed and returned by October 1st, your child **will be scheduled for a dental examination by school personnel**.

PARENT OR GUARDIAN (Please provide information requested below)

Student's Legal Last Name:		Student's Full First Name:	
School:	Grade:	Examination Date:	
Family Dentist Name:		Telephone:	

DENTIST (Please provide information requested below)

I do certify that I have examined the teeth of _____ and that (check one):

_____ No dental work is necessary at this time

_____ Treatment is in progress Comment: _____

_____ All necessary dental work has been completed:

Comment: _____

_____ *Signature* _____ *Date*