

BUTLER AREA SCHOOL DISTRICT
FINAL PARENTAL NOTICE OF REQUIRED DENTAL EXAMS
PERMISSION FOR SCHOOL SCHEDULED DENTAL EXAMS

The Pennsylvania Public School Code, Section 14-1403(a), mandates a dental examination be given to all kindergarten, third and seventh grade students. These examinations may be done by the family dentist and reported to the school nurse on the attached form. To date, our records show your child does not have the required dental form signed by a dentist and turned into the school nurse. **Please sign below and indicate your choice for completing this mandatory dental examination.** If you have any questions, please feel free to call me.

Name_____ Grade_____ Room_____ Date_____

Please indicate your choice by checking below:

_____ I will have the required dental exam done by my family dentist at my expense during this school year and will return the completed Private Dentist Form to school. An appointment has been scheduled on _____ with_____.

_____ I want my child to have the dental exam at school. Parents are welcome to attend the exam. Please contact the school nurse if you wish to attend.

No dental examinations will be conducted without parent permission.

PARENT SIGNATURE:_____

DATE: _____ PHONE NUMBER:_____

Please contact the nurse's office at your child's school if you have questions concerning this.