

CAROLINE CALDERONE BAISLEY
DIRECTOR OF HEALTH



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DEPARTMENT OF HEALTH

KINDERGARTEN/NEW ENTRANT DENTAL FORM

Dear Parent:

Now is the time to plan for your child's dental examination, particularly if he/she is entering school in the fall.

In accordance with Section 10-206 of the Connecticut General Statutes, children should have a gross dental screening before entering school. It is highly recommended that this examination be performed by a dentist. The dental health history is a permanent part of your child's cumulative school health record.

Please take this form to your family dentist for completion and then return it to your child's school Dental Hygienist.
Linda Conti, RDH

TO THE DENTIST:

Name of Pupil _____ **SCHOOL: GLENVILLE**
Pupil's Address _____ Grade _____

- _____ **NO TREATMENT NEEDED**
- _____ **IS UNDER TREATMENT**
- _____ **ALL NEEDS AT PRESENT CORRECTED**

Signature of Dentist DATE

Name and address of Dentist (Please Print or Stamp)

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