

Pequea Valley School District

Dear Parent/Guardian of:

The Pennsylvania Department of Health requires dental examinations for children upon entry to school (Kdg or Grade 1), grade 3, and grade 7. The dental exam can be completed during the school year or during the 12 months prior to grade level that the exam is required.

It is recommended that these examinations be done by your family dentist so appropriate treatment can be obtained. If your child does not see a family dentist, the dental exam can be scheduled upon your request and signing the permission slip below. The school dental exam is a brief screening and the dentist does not provide cleaning or treatment. It is an exam only to look for any dental problems. The school dentist comes one time each year, during early spring.

The form below should be completed and returned to the school nurse by the start of the school year or as soon as possible. The information requested is needed to complete the School Dental Health Record for your child.

*****Please return this completed form to school to be given to your child's school nurse*****

Name of student _____ Grade _____

Is your child under the care of a dentist? Yes _____ No _____

Name of Dentist _____

Date of last dental exam _____ Date of next appointment _____

Parent/Guardian Signature _____

Please sign below if your child does not see a dentist and you wish a school dental screening this year for your child.

I give permission for my child, _____ to be examined by the school dentist.

Parent/Guardian signature _____ Date _____