

CLARENCE CENTRAL SCHOOL DISTRICT

Dental Certificate - Optional Form

Dear Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. If your child had a dental check-up prior to or during the school year, please complete Section 1 and take the form to your dentist or dental hygienist to fill out Section 2. Return the completed form to the school nurse. This is an optional form.

Section 1: To be completed by Parent/Guardian:

Name of Student: _____ Grade _____ Birthday _____

Does your child currently have an Orthodontist, or do you anticipate needing orthodontic care this year? No Yes: _____.

Section 2: To be completed by the Dentist/Hygienist:

The student was examined on _____ and found to have:
(Date)

- No concerns, routine exam and cleaning performed.
- Needs further dental care, follow up discussed with parent/guardian

Does the student have a condition that interferes with the ability to chew, speak, or focus on school activities? No Yes _____

Dentist Name: _____ Phone _____

Signature: _____ Date: _____

Stamp (optional):