

STATE COLLEGE AREA SCHOOL DISTRICT
STUDENT SERVICES
HEALTH SERVICES

NOTICE OF DENTAL EXAMINATION

To the Parent or Guardian of: _____

The Pennsylvania School Health Law **requires a copy** of a dental examination in the health record of students in **KINDERGARTEN, GRADES 3 and 7**.

An examination completed **TWELVE (12) months prior to the start of school and anytime during this school year** will meet the requirement.

Dental examinations by the school dentist are offered at school if you are unable to have your child examined by your personal dentist. The school examination complies with the School Health Law. There is no charge for this examination and parents may be present.

PLEASE: 1. CHECK (✓) the type of examination you want for your student:

_____ I will have my student examined by my **Personal Dentist** on _____
(A Private Dental Exam form for your dentist to complete can be downloaded from the SCASD website: <http://www.scasd.org/Page/30126>)

Submit a signed, dated copy of the private dental form to the certified school nurse.

_____ I wish to have my student examined at the school by a **School Dentist** in the spring.
The school will notify students of the appointment time.
If you would like to be present during the exam, please contact your Building Principal.

Please list current dental conditions for the School Dentist, if you choose the school exam:

2. SIGN AND RETURN THIS PAGE BY DECEMBER 16 to the school Office. Dental exams cannot be done without parent/guardian signature.

SIGNATURE: _____ **DATE:** _____

(Parent/Guardian)