



# SOUTH COUNTRY

CENTRAL SCHOOL DISTRICT

## OFFICE OF STUDENT SUPPORT SERVICES

### DENTAL FORM

Dear Parent/Guardian:

Maintaining a healthy mouth is an important part of a child's general health. Teeth that need treatment can cause a child to perform school work inferior to her/his abilities. A Child's first teeth are important and should receive care if needed, as well as her/his permanent teeth. This information will become a part of your child's permanent record.

Below is a form to be filled out by your dentist. Please return this form to the school Nurse when completed.

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Date: \_\_\_\_\_

\_\_\_\_\_ Has had her/his teeth examined.  
Student's Name

Grade: \_\_\_\_\_

All necessary work has been cared for: \_\_\_\_\_

All necessary work is being cared for: \_\_\_\_\_

She/He is being advised to return in \_\_\_\_\_ months.

\_\_\_\_\_  
Dentist's Signature

Stamp:

**PLEASE RETURN THIS FORM TO BUILDING NURSE'S OFFICE**