KINDERGARTEN DENTAL SLIP

The School District of La Crosse encourages families to have their children's teeth checked by a dentist at least once a year. Please return the Kindergarten Dental Slip to your child's teacher the **FIRST DAY OF SCHOOL**.

_____ _____

Name of Child School

This child has been seen for dental care on _____ (date).

COMMENTS:_____

_____

_____

_____ _____

Signature of Dentist Date

Printed Name of Dentist_____

