

Delaware Valley School District

Dear Parent:

School health law requires all children who are in **grade K, three and seven** to have a complete dental examination. When the required examination is completed by your family dentist, please have them complete the form below and return it to the school nurse's office.

If you are on an every six-month schedule, please mail this form to your dentist and request that it be completed for the last dental visit. **Any exam done within one year of August of this year is acceptable. Any students who are not examined privately will be examined by the school dentist. Students who fail to complete and/or submit acceptable evidence of the mandated dental examination within the appropriate time period will not be admitted to school the following school year unless or until acceptable proof of compliance is received.**

We appreciate your cooperation in this program.

Thank you,
Delaware Valley School District Nurses

Family Dentist Report

Student name _____ Date _____

School _____ Grade _____

1. This student last visited my office on _____
2. All necessary corrections were made at that time. Yes _____ No _____
3. If the above answer is no, please indicate the dental correction needed:
_____ primary teeth _____ permanent teeth _____ fillings
_____ extractions _____ gross malocclusion
_____ prosthetic replacement for lost or missing teeth
_____ other _____

This child is currently under my supervision for the above condition. Y N

4. This child receives topical fluoride applications under my supervision.
_____ yearly _____ every 6 months _____ never

Dentist Signature

Date

Dentist Address

Revised 3/10