NORTHERN YORK COUNTY SCHOOL DISTRICT

Family Dentist Report

Dear Parents:

The Pennsylvania School Health Act mandates that all children, upon original entry into school (kindergarten or first grade), third grade, and seventh grade, shall have a dental examination.

Please have this report signed by your family dentist and return it to your child's nurse.

_____ _____ _____

Student's name Grade School

I have completed a dental examination on the above student.

_____ All necessary corrections have been made.

_____ Restorations are needed, and appointments have been scheduled.

_____ _____ _____

Dentist's Signature Print Name Date of Exam

_____

Address