

Dear Parent(s)/Guardian(s):

The Pennsylvania School Health Act requires a dental examination of every student entering school for the first time, third grade and seventh grade.

The Law gives you a choice of having the examination done by the school dentist or by your family dentist at your own expense. Because your family dentist has a better knowledge of your child's past dental history than the school dentist and is in the best position to recommend necessary remedial treatment, we urge you to consider having the examination done by your family dentist.

Please complete the lower portion of the form at this time and return to the school nurse.

If you choose to take your child to your family dentist, the attached Family Dentist Report must be returned to school by **October 31<sup>st</sup>** of the current school year. The private dental examination must have been completed no earlier than the previous **January 1<sup>st</sup>**.

If the dental examination, as required through the Department of Health, is not completed and proof submitted to the appropriate school nurse, your child may be excluded from school.

If you choose to have the examination done by the school dentist during the school year, you will be advised of any condition requiring the attention of your family dentist.

Sincerely,

Michael W. Michaels  
Superintendent

\*\*\*\*\*

(Return to School Nurse)

CHILD'S NAME \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

\_\_\_\_\_ I CHOOSE TO HAVE MY CHILD'S DENTAL EXAMINATION DONE BY MY FAMILY DENTIST.  
Please sign below and return slip to school.

Date of exam by Family Dentist: \_\_\_\_\_

\_\_\_\_\_ I CHOOSE TO HAVE MY CHILD'S DENTAL EXAMINATION DONE BY THE SCHOOL  
DENTIST AND GIVE MY PERMISSION BY SIGNING BELOW. Please sign below and return  
slip to school nurse.

---

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

