

Dental Examination

Dear Parent/Guardian,

In accordance with the School Health Code, all students upon **first entry or in Grades K, 3, and 7** are to receive a dental examination. This exam may be done by the student's family dentist or by the school dentist. It is recommended that your family dentist perform the exam since this provides for continuity in your child's dental care. Please be advised that the school exam is a screening exam only. Any dental problems identified will need to be evaluated by your family dentist.

If your child has been or will be examined by his/her family dentist within the past year or will be examined during this present school year, the requirement for the examination will have been met. If not, he/she will be scheduled for the school examination at some time during this school year.

Since many students do receive regular care by their family dentist, please complete the form below as thoroughly as possible so that your child is not scheduled for a school exam unnecessarily.

Student Name _____ **Grade** _____

Please circle one of the following schools:

George G. Blaisdell Elementary

School Street Elementary

Floyd C. Fretz Middle School

Bradford Area High School

_____ I prefer that my child receive the exam by the school dentist.

_____ My child **has been** or **will be** examined by a **family dentist**.

All information must be completed to fulfill the dental requirement.

Family Dentist name _____

Date of last appointment _____

Date of next appointment _____

Any dental problems _____ Orthodontic Care _____

_____ Completed Dental Examination Form already returned to school.

Parent/Guardian Signature _____ **Date** _____