

Dear Parent / Guardian:

The State Department of Health requires school age children to have dental examinations upon entry into school Kindergarten or Grade 1, Grade 3, and Grade 7. This exam can be completed during the school year of these grades or during the 12 months prior to Kindergarten, Grade 1, Grade 3, and Grade 7.

The information requested below is necessary to complete the School Dental Health Record by the Pennsylvania Department of Health. Please return this completed form to your child's school.

_____ (Name of Student) _____ (Grade)

Is your child under the care of a dentist? Yes _____ No _____

Name of Dentist _____

Date of last dental exam _____ Date of next appointment _____

Parent / Guardian Signature _____