

To: Parent or Guardian of _____

From: School Nurse

Subject: Dental Examination Grade ____ Room _____

The school Health Law requires dental examinations on original entry into school, in the third and seventh grades, and new entries into the school district. The school will provide a dental screening.

Parents are urged to have this examination done by the family dentist as this provides continuity in the child's dental care. Payment of the family dentist is the responsibility of the parent or guardian.

If you plan to have your child seen by the family dentist this school year, or have already done so during the summer months, please sign this letter and return it to your school nurse. Your child will be supplied with the proper form to be filled out by your dentist.

Please check the appropriate space.

Private Dental School Dental

Signature of Parent or Guardian