



200 Church Street
Landisville, PA 17538

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.

Your family dentist can best evaluate your child’s dental health and assist you in obtaining any necessary dental treatment. If your child does not see a dentist, an examination may be scheduled with the school dentist upon your request and permission (See Below). **Please be aware that this is a dental screening and any dental problems found during this screening will need to be addressed by your dentist and at your expense.**

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 nurse

_____ (Name of Student) _____ (Homeroom Teacher) _____ (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 _____

My child does not see a dentist, so please schedule a dental screening with the school dentist for my child during this school year.

Parent / Guardian Signature _____ Date _____