

Cumberland Valley School District

Dear Parent/Guardian:

Pennsylvania School Health Law requires all children to have a dental examination **upon original entry into school**, in the **third grade** and the **seventh grade**. Parents are urged to have this examination done by their family dentist because he/she has the best knowledge of the child's oral condition and may recommend immediate steps for dental care.

We are giving this form to you early in order that your dentist may have time to examine your child before August 15th. Have your dentist complete and sign the form. If this examination is not done privately by your family dentist, it will be given at school by the school dentist.

Please mail this form before **August 15** to **your child's school**, marked to the attention of the School Nurse.

Your cooperation in this matter will be greatly appreciated.

Family Dentist Report

Name of child (Last), (First)

Birth Date

M () F () _____
Grade

Room/Section

The above named child last visited my office on _____. At that time, all necessary dental corrections had been made. Yes _____ No _____

The child is currently under treatment. Yes _____ No _____

Date submitted _____

Signature of Dentist

Name

Address