

Lake Lehman School District Health Services

Dear Parent:

The Pennsylvania School Health Law requires Dental Examinations for children in Kindergarten, grade three (3), **and grade seven (7)**. These grades are selected because they represent critical periods of growth and development in a child's life. *It is important that the school have a record of your child's dental status.* During the screening, the dentist views the child's mouth and makes recommendations to the school. Notices are sent home regarding the dentist's findings. This may be thought of as a second opinion exam.

Please detach the BLUE permission slip, indicating your dental preference, (school or private), in the appropriate area below and return to the nurse's office in your child's school tomorrow.



detach-----

NAME OF CHILD

GRADE

DATE OF BIRTH

Please check one and sign below:

I give my consent for my child to be examined by the school dentist.

I prefer for my child to be examined by our family dentist.

(Attached is the private dentist form to be completed and returned ASAP.)

Date

Parent's/Guardian's Signature