

BETHEL PARK SCHOOL DISTRICT HEALTH SERVICES
Dental Form

The Commonwealth of Pennsylvania School Health Act of 1957 requires dental examinations in the following grades: Upon **entry into school for the first time, 3rd and 7th grade**, as well as those students with incomplete health records. Any exam date within one calendar year of entry into the required grade may be accepted.

Please have your dentist complete, sign and date the form below and return it to your child's certified school nurse. Your dentist may also simply FAX a report to the nurse stating your child is under regular dental care and the date of the last examination.

We are aware that most children in the district are under the regular dental care of their own dentist who is best suited to meet their needs. But if prefer, the school dentist can examine you child at no cost to you. Please sign below indicating you want a school examination. You will be notified of the date of the examination. You are welcome to be present for the exam, although your presence is not required.

If a dental form is not returned by **September 30th**, your child will automatically be scheduled to see the school dentist and you will be notified of the date.

Thank you for your prompt attention to this matter.

Your Child's Certified School Nurse



BETHEL PARK SCHOOL DISTRICT DENTAL FORM

Parents: Please have the dentist complete and return to the school nurse

STUDENTS

NAME _____ GRADE _____ DATE _____

TO THE DENTIST: Please check the following according to your findings:

- Student is under regular supervision of family dentist. _____ Class I
- Student is a dental hygiene service patient. _____ Class II
- Student is presently receiving treatment that is not yet completed. _____ Class III
- Student has special problems that are being followed. _____ Class IV

Dentist's signature

Date

Dentist's printed name

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I prefer to have the school dentist examine my child for free. I understand that no cleaning or x-rays will be done.

(Parent/ Guardian signature)

(Date)