

**Carlisle Area School District
Office of the School Nurse**

Dear Parent or Guardian,

The School Health Act of Pennsylvania mandates that all children in grades K/1 (original entry), 3 and 7 must have a dental examination. Documentation of that examination must be retained in your child's school health record. Parents are encouraged to have the examination done by the private dentist familiar with your child. The *Private Dentist Report* (see below) must be returned to the school nurse after your child has been to the dentist.

The district will provide school dental exams as a service to those students who do not have a private dentist. *****Please note that the school dental exam is a short screening exam and not a dental cleaning or a substitute for regular dental care.**

Student Name _____ Team/Grade/Teacher _____

Please check one of the following and return this form to school by **September 15th**.

_____ My child has had an exam by a private dentist in the last 9 months. I am returning the completed dental form now.

_____ My child has an appointment for a private dental examination on _____
(I will return the completed form as soon as possible).

_____ My child does not have a private dentist. Please schedule an appointment with the school dentist. _____

Parent or Guardian Signature

Parents please note: If your school nurse does not receive the completed Private Dentist Report, your child will be checked by our school dentist.

-----PLEASE DETACH-----

Private Dentist Report

Student Name _____ Team/Grade/Teacher _____

The above named child last visited my office on _____

At that time all the necessary corrections were completed. YES _____ NO _____

Signature of Dentist _____ Date _____

Parents: Please return this completed form to your child's school nurse as soon as possible.