



Northern Lehigh School District

Dental Form

Dear Parent(s) / Guardian(s):

The Pennsylvania School Health Act requires a dental examination of every student entering school for **the first time in Kindergarten, Third grade, and Seventh grade.**

The Law gives you a choice of having the examination done by the school dentist or by your family dentist at your own expense. Because your family dentist has a better knowledge of the student's past dental history than the school dentist and is in the best position to recommend necessary remedial treatment, we urge you to consider having the examination done by your family dentist.

If you choose to take your child to your family dentist, the attached Family Dentist Report must be returned to the school by December 31st of the current school year. The private dental examination must have been completed no earlier than July 1st of the previous school year.

If the dental examination, as required through the Department of Health, is not completed and proof submitted to the appropriate school nurse, your child may be excluded from school.

If you choose to have the examination done by the school dentist during the school year, you will be advised of any condition requiring the attention of your family dentist.

****Please complete and sign the lower portion of the form and return to the school nurse. ****

Sincerely,

Superintendent of NLSD

(COMPLETE, SIGN, & RETURN THIS PORTION TO THE SCHOOL NURSE)

STUDENT'S NAME: _____

SCHOOL BUILDING: _____ GRADE: _____

CHOOSE ONE OF THE FOLLOWING:

I CHOOSE TO HAVE THE STUDENT'S DENTAL EXAMINATION DONE BY MY FAMILY DENTIST.

Date of Exam by Family Dentist: _____

I CHOOSE TO HAVE THE STUDENT'S DENTAL EXAMINATION DONE BY THE SCHOOL DENTIST AND GIVE MY PERMISSION BY MY SIGNATURE BELOW.

Parent(s) / Guardian(s) Signature

Date