



2020-2021 School Year

Dear Parent(s)/Guardian(s):

The Pennsylvania School Health Act requires a dental examination of every student entering school for the first time, in third grade and seventh grade. A student entering the district from out of state or from another district will be required to submit an exam to meet this requirement.

You may choose to have the examination done by the school dentist at no cost to you, or by your family dentist at your own expense. Your family dentist has a better knowledge of your child's past dental history than the school dentist and is in the best position to clean teeth, apply preventive treatments, and plan corrective procedures.

If you choose to take your child to your family dentist, any exam dated on or after **JULY 1, 2019** is acceptable. The attached *Family Dentist Report* must be completed by the family dentist and returned to school by **SEPTEMBER 30, 2020**.

If you choose to have the examination done by the school dentist, you will be notified in advance of the visit in the event that you wish to be present. The school dental exam consists of a visual assessment of the teeth and gums by a licensed and practicing dentist. You will be notified by the school nurse of any condition requiring the attention of your family dentist.

If the dental examination is not completed and proof submitted to the appropriate school nurse, OR you do not give written permission for your child to see the school dentist, your child may be excluded from school.

Please fill out the lower portion of the form at this time showing your choice, and return the form to the school nurse.

Sincerely,

Thomas P. Mirabella, Ed.D.  
Director of Student Services

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(Return to school nurse **immediately**)

CHILD'S NAME:

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

\_\_\_\_\_ **I CHOOSE TO HAVE MY CHILD'S DENTAL EXAMINATION DONE BY MY FAMILY DENTIST.**  
Please sign below and return slip to school nurse.

Date of Exam with Family Dentist:

\_\_\_\_\_ **I CHOOSE TO HAVE MY CHILD'S DENTAL EXAMINATION DONE BY THE SCHOOL DENTIST AND GIVE MY PERMISSION BY SIGNING BELOW.**  
Please sign below and return slip to school nurse.

\_\_\_\_\_  
*Parent(s)/Guardian(s) Signature*

\_\_\_\_\_  
*Date*