

EAST PENN SCHOOL DISTRICT,
Administration, 800 Pine Street, Emmaus, PA 18049
610 - 966-8300

Dear Parent(s)/Guardian(s):

The Pennsylvania School Health Act requires a dental examination of every student upon original entry into school, third and seventh grades.

The Law gives you a choice of having the examination done by the school dentist at no cost to you, or by your family dentist at your own expense. Because 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 recommend necessary remedial treatment, we urge you to consider having the examination done by your family dentist.

Please complete the lower portion of the form at this time and return to the school nurse.

If you choose to take your child to your family dentist, the attached Family Dentist Report must be returned to school **by SEPTEMBER 30th of the school year in which it is due**. An examination done within one calendar year before the start of the school year will meet this requirement.

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.

Sincerely,

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

(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