

FERNDALE AREA SCHOOL DISTRICT

SCHOOL HEALTH SERVICES

DENTAL EXAMINATION NOTICE

The Pennsylvania School Health Act stipulates that “all children of school age in the Commonwealth, upon **original entry** into school (kindergarten or grade 1), in the **third**, and in the **seventh** grades, shall be given a dental examination by the school dentist or by the child’s own dentist and reported to the school.”

We encourage you to have the dental exam done by your child’s own dentist because he or she is more familiar with your child’s dental health. However, if you provide written consent, the school dentist will give your child the dental examination.

DENTAL EXAMINATION CONSENT

I give consent for my child, \_\_\_\_\_, to be examined by the school dentist.

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_

**OR**

I will provide a report of the dental examination of my child, \_\_\_\_\_, conducted by his or her own dentist.

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_

Please return this form to the School Nurse.