

SCHOOL DENTAL HEALTH PROGRAM



Dear Parent or Guardian:

The Pennsylvania School Health Law requires that regular dental examinations be completed at scheduled intervals throughout your child's school years. Manheim Township School District requires that dental exams be obtained for students **entering 1st, 3rd and 7th grades**. An exam scheduled a year prior to and during the designated school year is acceptable.

Please complete this form and return it to the health room as soon as possible. This form may be completed by you **or** by your dentist. Dental **screenings** are provided at school in the spring by a dentist. A school dental screening does not replace a dental exam.

Thank you for your cooperation in helping us complete this part of the school dental health program. Please call the health room if you have any questions or concerns.

The Health Services Staff
Manheim Township School District

Student's Name _____

Class _____

___ My child is being examined by our family dentist.

Dentist's Name _____

Date of most recent dental examination ____ / ____ / ____ (mm/dd/yy)

___ My child does not see a dentist. Please schedule a dental screening at school.

Parent Signature

Date

PLEASE RETURN BOTH FORMS TO THE HEALTH ROOM BY _____