

WASHINGTON SCHOOL DISTRICT

LETTER TO PARENTS/GUARDIANS REGARDING REQUIRED DENTAL SCREENINGS

The laws of Pennsylvania require dental screenings in grades 1, 3, and 7. The screenings are done by the school dental hygienist, free of charge, in school. The school hygienist uses a dental mirror and a dental explorer to complete the screening. If you do not wish to have the screening done at school, you must have it done by your own dentist at your expense. A family dentist report form is attached which must be completed by your dentist and returned to the school dental hygienist as soon as possible. **This cover sheet needs to be returned, signed and dated, whether you are having the school hygienist or your dentist perform your child's dental screening. This form must be signed and dated for your child to receive a dental screening at school.** Keep the attached form if you are having your private dentist perform the screening.

PLEASE FILL IN ALL INFORMATION BELOW:

Name of Student: _____ Grade _____

Birth Date: _____ Phone No. _____

Parents/Guardian Name: _____

IF YOUR CHILD HAS ANY OF THE FOLLOWING, PLEASE DATE AND EXPLAIN:

Allergies (foods, latex, etc.) _____

Heart Valve Disease _____

Artificial Joints _____

PLEASE CHECK THE APPROPRIATE STATEMENT AND SIGN BELOW:

_____ I wish to have my child screened by the school dental hygienist.

_____ I plan to have my child seen by our family dentist and will return the attached form as soon as possible.

Parent/Guardian Signature

Date