

**Crestwood School District
Dental Examination Permission**

(Student's Name)

(Grade)

(Teacher)

Dear Parents/Guardians:

The laws of Pennsylvania require a dental exam upon entry into kindergarten/first, third, and seventh grades. This dental examination may be done by the school's dentist at no expense to you OR by your family dentist at your own expense.

Please check one of the following and return to the school tomorrow.

I want my child examined by the school dentist. _____

I will have my child examined by my family dentist. _____

Please note: The district will accept reports of private dental exams completed within one year prior to the student's entry into kindergarten/first, third or seventh grade, provided they are completed on the form furnished by the school. If the dental examination is to be completed by your family dentist, the form must be returned before May 1.

You may be present during the school examination. If you desire to be present, contact the school nurse for a date and time.

The Mobile Dentist is a program that provides dental care and is an additional program open to all students. A separate form to complete will follow.

(Signature of Parent/Guardian)

(Date)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20__

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS _____

No. and Street	City or Post Office	Borough or Township	County	State	Zip
----------------	---------------------	---------------------	--------	-------	-----

REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment Yes No

Is Treatment Completed Yes No

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address