

**Nyack Public Schools
NY State Dental Health**

Dear Parent/Guardian,

NY State has mandated a dental exam for all students in grades K, 2, 4, 7 & 10, however it is recommended that all students be examined by their Dentist annually. The bottom of this form should be completed by your child's dentist and returned to the Nurse's Office along with the other health forms.

A list of Dental Service Providers who offer sliding scale or low cost exams is available upon request from the health office. Please contact the Nurse's Office if you have any questions or concerns.

Peggy D'Auria, RN
Nyack High School
360 Christian Herald Rd
Upper Nyack, NY 10960
Phone- 845-353-7140
Fax – 845-353-7147

Miriam Lynn, RN
Nyack Middle School
98 S. Highland Ave
Nyack, NY 10960
Phone- 845-353-7210
Fax – 845-353-7219

Laura Weigel, RN
Upper Nyack Elementary
336 N. Broadway
Nyack, NY 10960
Phone- 845-353-7270
Fax – 845-353-7262

Kathleen Fredericks, RN
Liberty Elementary
142 Lake Road
Valley Cottage, NY 10989
Phone- 845-353-7250
Fax – 845-353-7243

Patricia Kozar, RN
Valley Cottage Elementary
26 Lake Road
Valley Cottage, NY 10989
Phone- 845-353-7290
Fax – 845-353-7287

Ann Collazuol, RN
St. Paul's Catholic School
365 King's Highway
Valley Cottage, NY 10989
Phone- 845-268-7939
Fax – 845-268-1809

**Si ou bezwen enfòmasyon tradui an kreyòl, rele Jocelyne Abraham nan 353-7044.
Si le hace falta información traducida en español, llame a Yesenia Polanco 353-7042.**

Student Name: _____ DOB: _____

To be completed by the dentist and returned to school:

Yes, the student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, the student listed above is not in fit condition of dental health and requires follow up related to: _____

NOTE:

Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew speak or focus on school activities and requires dental follow-up. The designation does not preclude the student from attending school unless otherwise indicated above.

Dentist's Signature: _____ Date: _____ Stamp: