

**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.

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

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

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

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

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

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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.**

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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: