



PENN-TRAFFORD SCHOOL DISTRICT

P.O. Box 530 Harrison City, PA 15636
Phone: 724-744-4496 or 724-744-2121 Fax: 724-744-4016
www.penntrafford.org
"Effective, Efficient, Quality Education"

Dear Parent/Guardian,

Pennsylvania School Health Law requires dental examinations for all children in grades K, 3, and 7. These grades were selected because they represent critical periods of growth and development in a child's life.

We are sending this form early, so that you have an opportunity to have the examination completed over the summer. Please have the form below filled out by a dentist and return it to the school nurse at the beginning of the fall term.

A second option is to have our **school dentist** exam your child during the month of February. ***This is a brief exam that is free of charge and treatment is not provided. All students receiving the exam will receive a report citing the school dentist's findings and recommendations.*** If you would like to choose this option instead of providing the completed form below, **please check off, sign, date, and return the this letter.**

Thank you for your cooperation in this important matter.

Sincerely,
Penn-Trafford School Nurses

_____ My child, _____, may have the exam done by the school dentist in February.
(STUDENT FIRST & LAST NAME)

Parent/Guardian Signature _____ Date _____

Family Dentist Report

Name of child _____ Grade _____ Date _____

Primary Teeth _____ Fillings _____ Extractions _____ Missing _____

Secondary Teeth _____ Fillings _____ Extractions _____ Missing _____

Malocclusion _____

Other Condition _____

All necessary dental corrections have been made at this time _____ Yes _____ No

Signature of Dentist _____

Address _____ Phone _____