

**Carlisle Area School District  
Office of the School Nurse**

Dear Parent or Guardian,

The School Health Act of Pennsylvania mandates that all children in grades K/1 (original entry), 3 and 7 must have a dental examination. Documentation of that examination must be retained in your child's school health record. Parents are encouraged to have the examination done by the private dentist familiar with your child. The *Private Dentist Report* (see below) must be returned to the school nurse after your child has been to the dentist.

The district will provide school dental exams as a service to those students who do not have a private dentist. **\*\*\*Please note that the school dental exam is a short screening exam and not a dental cleaning or a substitute for regular dental care.**

Student Name \_\_\_\_\_ Team/Grade/Teacher \_\_\_\_\_

Please check one of the following and return this form to school by **September 15<sup>th</sup>**.

\_\_\_\_ My child has had an exam by a private dentist in the last 9 months. I am returning the completed dental form now.

\_\_\_\_ My child has an appointment for a private dental examination on \_\_\_\_\_  
(I will return the completed form as soon as possible).

\_\_\_\_ My child does not have a private dentist. Please schedule an appointment with the school dentist. \_\_\_\_\_

*Parent or Guardian Signature*

***Parents please note: If your school nurse does not receive the completed Private Dentist Report, your child will be checked by our school dentist.***

-----PLEASE DETACH-----

**Private Dentist Report**

Student Name \_\_\_\_\_ Team/Grade/Teacher \_\_\_\_\_

The above named child last visited my office on \_\_\_\_\_

At that time all the necessary corrections were completed. YES \_\_\_\_\_ NO \_\_\_\_\_

Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_

***Parents: Please return this completed form to your child's school nurse as soon as possible.***