

Stroudsburg Area School District
123 Linden Street
Stroudsburg, PA 18360

Date: _____

Dear Parent/Guardian:

The Pennsylvania School Health Act **requires** your seventh grade child to have a dental examination. As of this date the nurse has not received your child's dental form from your family dentist. We urge you to have your family dentist examine your child and complete the enclosed form for our school records by November 1. If you have a newly enrolled student, documentation must be submitted sixty (60) days of enrollment. Your family dentist is the person best qualified to evaluate your child's dental health and can assist you in obtaining any necessary treatment or corrections.

If your child has been examined by your family dentist during the last twelve (12) months, this exam will be accepted as the required examination. Please forward this exam to the School Nurse immediately.

If you do not have a family dentist, the School Dentist will be at the _____ on _____ to perform dental examinations. This exam can only be completed with a signed permission form.

Please fill out the information below and return to the nurse by _____.
As per Stroudsburg Area School District Administrative Exclusion Policy: students will be excluded on May 1st for non-compliance with Physical examinations, dental examinations, immunizations, and scoliosis screenings.

If you have any questions please contact your school nurse.

Sincerely,

Principal

Nurse

Child's Name: _____

Please indicate your preference below with a checkmark and return this form by _____.

_____ My child had a private dental exam on _____ with our dentist _____.
Please do not examine my child. I will forward a copy of the dental exam to the school nurse.

_____ My child is scheduled for a dental exam on _____ by our dentist _____.
Please do not examine my child. I will forward a copy of the dental exam to the school nurse.

_____ My child has permission to be examined by Dr. _____ on _____. I understand that any abnormalities will be referred and it is my responsibility to follow through on my child's dental care.

Parent/Guardian Signature
Revised: 8/2008

Date

Must be Returned to the School Nurse