

SOUTHERN LEHIGH SCHOOL DISTRICT  
School Health Services

Dear Parent or Guardian,

The School Health Law requires dental examinations for all children in grades K or 1, 3, and 7. It also allows for examination of students who transfer to our district from outside the state of Pennsylvania.

We are recommending that these examinations be done by your family dentist since he/she has a better knowledge of your child, is in closer contact with you, and can treat immediately any defects found.

If you prefer, you may have your child's teeth examined in school by the school dentist.

Please complete the bottom portion of this sheet indicating whether your child will have a private dental exam or if you would like to have your child examined by the school dentist and return it to school.

If you have any questions, please feel free to contact me.

Thank you,

The School Nurse

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To: School Nurse

Child's Name \_\_\_\_\_  
Homeroom \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ I will have my child's dental exam done by our family dentist. My child has an appointment on \_\_\_\_\_ with Dr. \_\_\_\_\_ .

**\*\*Please have your child's dentist complete a Private Dental Form at the time of their visit and return the form to school. Private Dental Forms are available in the Nurse's office and also on the school's website under the PARENTS heading, drop down to Additional Parent Resources/Health Services/SLSD Health Services/Health forms**

\_\_\_\_\_ I would like the school dentist to complete the physical exam.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date