



EASTERN LANCASTER COUNTY SCHOOL DISTRICT
New Holland, PA 17557

Dear Parent or Guardian:

The School Health Law requires dental examinations for children upon initial entry (k or 1) and in grades 3 and 7. These grades were selected because they represent critical periods of growth and development in a child's life.

We are recommending that these examinations be done by your family dentist, since he can best evaluate your child's dental health and assist you in obtaining necessary treatment and corrections.

It is important that the school have a record of a child's health status. This knowledge enables the school staff to help children achieve maximum benefits of their educational opportunities.

We are sending this form to you early so that you may have an opportunity to have the examination completed by the time the school dental examinations are given. Please have it filled out as completely as possible and return to your school nurse on or before the first day of school this September.

Sincerely,
Gwen Clevenger, R.N.
Beth Fulmer, R.N.

-----Detach and Return-----

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FAMILY DENTIST REPORT

NAME OF CHILD: _____ SCHOOL: _____

DATE OF BIRTH: _____ SEX: Male Female GRADE: _____ HR: _____

The above named child last visited my office on _____ (give date).

At that time, all necessary dental corrections had been made. Yes No

This child is currently under treatment: Yes No

Check the appropriate box/boxes:

- Fillings of Primary Teeth Extractions of Primary Teeth
- Fillings of Permanent Teeth Extractions of Permanent Teeth
- Diseases of the Supporting Tissues
- Gross Malocclusion which is Producing a Facial Deformity or is Interfering with Function.
- Cleft Palate and/or Cleft Lip
- Other Congenital Malformation
- Prosthetic Replacements for Lost or Missing Teeth

Signature: _____ D.D.S. / D.M.D.

Address or Stamp with Address:

Printed Name: _____

Phone: _____