

Dental Health Information / Waiver

Student Name: _____ **Age:** _____ **Grade:** _____

Dental Health Information / Waiver

If this area is not completed, according to state regulations your student must be examined during the dental screening later in the school year.

_____ This student **has** been examined by a dentist at least one time during the last calendar year. Date of last dental visit _____.

_____ This student **has NOT** been examined by a dentist at least one time during the last calendar year. I do not wish my child to be screened at this time.

_____ Please allow him/her to participate in the school dental screening.

Parent/Guardian Signature: _____ Date: _____