

**Dental Health Information**

**For the current School Year**

Parents:

Please fill in the information regarding your student's dental health care and return to school no later than **August 31, of the current School Year**. If the form is not returned your student must, according to state regulations, be examined during the dental screening later this year. Either you and /or your child's dentist may fill out the form.

Thank you for your prompt attention to our child's health needs.

Sincerely,

Lanel Fenster, RN, BSN  
School Nurse

**Dental Waiver Form**

**Return by August 31, of the current School Year**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ 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.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Dentist Signature (Optional)