

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 and return it to school. If you have any questions, please feel free to contact me.

Thank you,
The School Nurse

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. _____ .
(Private dental forms are available in the nurse's office.)

_____ I would like the school dentist to complete the physical exam.

Date

Parent/Guardian Signature