



DENTAL EXAMINATIONS

Dear Parent / Guardian:

The School Health Code of Pennsylvania requires a DENTAL EXAMINATION of all children in Seventh Grade.

You may elect to have this exam done by school dentist. This exam will be done during the school year at a time that is convenient for your child, the Dentist and the school calendar. If you wish, you may be present for this exam. There is no fee for this exam.

If you chose to have the exam done by your family dentist, the exam must be reported on the attached Private Dental Report Form. An examination is acceptable if it has been done eight months prior to the beginning of the school year.

Please complete the consent form below and return it to the School Health Office. If you have any questions or concerns, please feel free to contact the office at 412- 824-6053.

Respectfully,
Beverly Burgess R.N.
Logan Middle School Nurse

CONSENT FOR DENTAL EXAMINATION

CHILD'S NAME _____

____ I request that the DENTAL exam be done by the school DENTIST during the school year.

____ The DENTAL exam will be done by our family DENTIST and the attached form will be completed and returned to the school health office.

Parent Signature

Date