

# DENTAL EXAMINATION PERMISSION FORM

Dear Parent / Guardian:

This is a reminder that the School Health Code requires a DENTAL EXAMINATION of all children entering 7th grade.

You may elect to have this exam done by the school dentist. This exam will be done during the 2024-2025 school year at a time that is convenient for your child, the Dentist and the school calendar. This exam will be completed on March 20th 2025. 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 twelve months prior to the beginning of the school year. Failure to return this form to the Health Office by March 17th 2025, will result in your child receiving his/her examination in school according to state mandates.**

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 412-824-9700 ext 1700

## 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 by March 17th 2025.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date