

**WARREN COUNTY SCHOOL DISTRICT  
HEALTH SERVICES**

Date: \_\_\_\_\_

Dear Parent/Guardian:

The State Department of Health requires the school to secure a dental report on children in first, third and seventh grades.

We are asking the parents/guardians of children who will be in these grades next year to take the attached form to their family dentist the next time they have an appointment.

Please ask the dentist to fill in the form and have your child return it to the school nurse next fall.

Sincerely,

School Nurse

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**REPORT OF EXAMINATION**

This is to certify that I have examined the teeth of:

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ All necessary dental work has been completed.

\_\_\_\_\_ Treatment is in progress.

\_\_\_\_\_ No dental work is necessary.

Grade Level:                      1<sup>st</sup>                                      3<sup>rd</sup>                                      7<sup>th</sup>

\_\_\_\_\_  
Signature of Dentist