

MILLCREEK SCHOOL DISTRICT

The dental examination required by the School Health Act will be given to your child on _____, unless you return a private dental form or not from a dentist stating that an exam has been done. Please check one option below and return to school tomorrow.

____ 1. My child had a dental check-up on _____ by
_____, and I will submit a report
Name of Dentist

**Your child will receive a school dental exam if a report is not returned by the above date. If you need a new Private Dental Report form sent home, please check here _____.

____ 2. I want my child to have his/her dental check-up by the school dentist.

Parent/Guardian signature

Thank You,
School Nurse