Dear Parent or Guardian:

The Pennsylvania School Health Act stipulates that dental examinations shall be provided for all children of school age on original entry into school (kindergarten / 1), in the third (3rd) grade, and in the seventh (7th) grade.

The State Department of Health recommends that these examinations be conducted by the family dentist because he/she will be able to provide a more thorough and accurate evaluation of your child’s dental health in addition to providing the necessary treatment and correction.

It is important that your child’s school have a record of his/her dental health status. This form is provided prior to enrollment into the Millcreek School District or prior to summer vacation in order for parents / guardians to schedule examinations with their family dentist prior to the start of the new school year.

Please return the completed form to the school nurse on or before October 1st. If an examination with the family dentist is not done and this form is not completed and returned by October 1st, your child will be scheduled for a dental examination by school personnel.

PARENT OR GUARDIAN (Please provide information requested below)

<table>
<thead>
<tr>
<th>Student’s Legal Last Name:</th>
<th>Student’s Full First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Grade:</td>
</tr>
<tr>
<td>Family Dentist Name:</td>
<td>Telephone: - -</td>
</tr>
</tbody>
</table>

DENTIST (Please provide information requested below)

I do certify that I have examined the teeth of ____________________________ and that (check one):

_____ No dental work is necessary at this time

_____ Treatment is in progress  Comment: ____________________________________________

_____ All necessary dental work has been completed:

Comment: __________________________________________________________

-------------------------------------------  ____ / ____ / ____
Signature                                      Date