TAMAQUA AREA ELEMENTARY SCHOOLS

SCHOOL HEALTH SERVICE

**NOTICE OF DENTAL EXAMINATION**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building: Tamaqua or West Penn

Dear Parent/Guardian:

I am sorry if you already received this form but with everything going on with the school closure early last year, virtual instruction and the transition between school nurses, I am not sure who has all received this form already.

In compliance with the School Dental Health Laws of Pennsylvania, periodic dental examinations are required for all children who are attending school in grades K or 1st, 3rd and 7th. This is required for students who are attending in person as well as virtually.

You are encouraged to have the examination completed by your family dentist since they can best evaluate your child’s dental health and assist you in obtaining necessary treatments and corrections. The form that needs to be completed by your family dentist is included.

However, if no family dentist is available, a school dental examination (at no cost to you) will be given to your child during the school year.

**PLEASE CHECK ONE:**

I wish the dental exam to be completed by:

\_\_\_\_\_\_ Family Dentist

\_\_\_\_\_\_ School Dentist

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your help and cooperation!

Leah Gehringer, BSN, CSN

Tamaqua Elementary Certified School Nurse

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