



St John's Catholic School Report of Dental Examination

Dear Parent or Guardian:

Our school health program promotes overall health and well-being. As part of that program, we encourage parents to take their children for regular dental examinations. If any dental care is needed, we urge you to complete the necessary work. Have your dentist sign this form and return to school prior to health screenings in the fall of the school year. This form will become part of their permanent health record; if no form is on file at the time of health screenings, a school dental inspection will be performed for those students in **Grades 1 through 4 and Grade 7**.

Dental Report

This certifies that I have thoroughly examined the teeth of

_____ No Dental Treatment is necessary at this time.

_____ All necessary dental treatment has been completed.

_____ Dental treatment is scheduled.

Further recommendations:

Date: _____ Dentist Signature:

Please return this form as soon as possible. Students who return signed forms by their dentist within the current school year will be exempt from participation in the school inspection.