

SCHOOL DISTRICT OF LANCASTER
DENTAL SERVICE PERMISSION

The School District of Lancaster offers a preventative dental program. This program is staffed by a Certified Dental Hygienist and consists of the following:

Dental screenings in preschool, kindergarten or grade 1

Dental screenings in grades 3, 7 and Special Education

Dental health education

Classroom instruction in preschool, K5, 3, and 7

In order that we may eliminate the need of sending numerous permission slips for various phases of this program, we are offering this form as an overall coverage to the program. It will be kept on file with each child's dental record. If at any time you wish to change your decision concerning your child's participation, please send a written statement to the school.

Sincerely,

School Dental Hygienist

Please complete the following:

Child's Name _____
I want my child to participate in the dental program. Check one: YES ___ NO ___
Parent Signature _____ Date _____ School _____

If you choose to sign no to the school dental hygiene program the family dentist form needs to be completed for each grade listed above. Detach the form below and have your family dentist fill out the information and return to school by _____.

School District of Lancaster Family Dentist Form

Name of Child _____ Date of Birth _____ Grade _____

The above named child last visited my office on _____. At that time all necessary dental corrections were made. Yes _____ No _____.

If the answer is no, please list treatment needed:

Signature of Dentist _____ Address _____

DISTRITO ESCOLAR DE LANCASTER
PERMISO PARA SERVICIO DENTAL

El Distrito Escolar de Lancaster ofrece un program de prevencion dental. El programa consiste de una higienista dental certificada y los siguientes servicios:

Exámenes dentales:

Preescolar, Kindergarten o el grado 1
3, 7, y Educacion Especial.

Educación de salud de los dientes

Instrucción en la clase K3, K4, K5, 3, y 7

Para evitar la necesidad de enviar numerosas hojitas de permiso para las distintas fases de este programa, ofrecemos el siguiente formulario para que incluya todo el programa. La misma sera archivada con el registro dental de cada nino(a). Si en cualquier momento, usted desea que su hijo(a) no participe en este programa dental, pro favor envíe una nota a la escuela.

Atentamente,

Higienista dental escolar

Sirvase completar lo siguiente:

Nombre del nino a _____

Deseo que mi hijo/a participe en el programa dental.

Marque una Si _____ No _____

Firma de padre o la madre _____ Fecha _____

Escuela _____

SCHOOL DISTRICT OF LANCASTER
LANCASTER, PENNSYLVANIA

The School District of Lancaster will be offering a dental screening to all seventh grade students to comply with state law. This dental screening may be done by your family dentist or by the school district's certified dental hygienist.

Student Name

Homeroom

Check one:

_____ I wish to have the school dental hygienist do a dental screening.

_____ I wish to have my family dentist do a dental screening.

Parent's Signature

Sincerely,

School Dental Hygienist

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE BY _____

School District of Lancaster
Private / Parochial Dental Service Permission

Pupil's Name

Grade

Good dental care requires periodic dental examinations for students during their school years. The state of Pennsylvania mandates dental screenings on original entry into school in kindergarten or first grade, third grade, and seventh grade.

This examination may be done by your family dentist, since he can best evaluate your child's dental care and assist you in obtaining the necessary treatment and correction. It is recommended that your family dentist who is familiar with your child should do this screening. If you do not have a family dentist, the dental screening may be done at school by the district dental hygienist to comply with state law.

Sincerely,

Dental Hygienist

Please check one and return to school:

_____ I wish to have my family dentist do this at my own expense.

_____ I wish to have the school dental hygienist do the screening. A referral will be sent home if a problem is found.

Parent's Signature