



Dental Health Certificate

Parent(s)/Guardian(s): NYS law permits schools to request a dental examination in the following grades: school entry, Pre-K, K, 1, 3, 5 & 7. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section I and take this form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section II. Return the completed form to the School Nurse as soon as possible.

Section I: To be completed by Parent or Guardian

Child's Name: _____

Date of Birth: _____ Grade _____

Will this be your child's first visit to the dentist? () Yes () No

Section II: To be completed by the Dentist

The student listed above has been examined by a dentist on _____ (date of exam).
This student is in fit condition of dental health to permit his/her attendance at school

Dentist's Name and Address

(Please print or stamp)

Dentist's Signature