

WARWICK SCHOOL DISTRICT

____/____
School Year

Warwick High School
Warwick Middle School

Lititz Elementary School
Kissel Hill Elementary School
John Beck Elementary School
John R. Bonfield Elementary School

DENTAL EXAM

Dear Parent/Guardian:

In accordance with the Pennsylvania School Code, Section 1403, it is necessary that the Warwick School District require **dental examinations** for all students upon original entry into school (kindergarten or first grade) and in third grade and seventh grade. These grades have been selected because they represent critical periods of growth and development in a young person's life. **Transfer students and students with incomplete health records shall also be required to have a dental examination.** The only exemption to this school health law is for religious beliefs.

We are recommending that these examinations be done by your family dentist since he/she can best evaluate and assist in obtaining the necessary treatment or corrections. Please send the completed form to the school nurse or have your child return the completed form to the school nurse. Reports of examination performed by the family dentist on or after **September 1st of the previous school year are acceptable.**

If you are unable to have the examination done by your family dentist, please complete the portion below and return this permission form to the school nurse immediately. School examinations are performed with no cost to you.

Thank you for your interest and participation in our efforts to provide a sound health program for the students in the Warwick School District.

Sincerely,

Gerrie Elder, School Nurse
Warwick High School

Paula Dennes, School Nurse
Warwick Middle School

Sue Ann Hummel, School Nurse
John Beck Elementary School

Jackie Drexel, School Nurse
Lititz Elementary School

Nancy Weinhold, School Nurse
Kissel Hill Elementary School

Yvonne Gingrich, School Nurse
John R. Bonfield Elementary School

Student's Name _____ Grade _____

I wish the above named student be examined by the **school dentist.**

Signature of Parent/Guardian

Check one: _____ I want to be present for this exam _____ I am unable to be present for this exam