

# South Fayette Township School District

2246 OLD OAKDALE ROAD, McDONALD, PENNSYLVANIA 15057

(412) 221-4542

Fax 724-693-2762 (K to 4) Fax 724-693-0860 (5 to 8) Fax 724-693-9843 (9 to 12)

Dear Parents/Guardians:

Dental examinations are required by the School Health Act of 1957, Section 1403, in the schools of the Commonwealth of Pennsylvania in the following grades: kdg., third, seventh, and new students from out of state without records. These examinations **may be done by the family dentist** in lieu of the examinations by the school dentist; however, exams must be dated no earlier than 12 months prior to the opening of the school term during which the mandated dental exam is required.

We are aware that most children in the district are receiving regular care and treatment, and therefore hope that you will find it convenient to have your dentist sign the attached School Dental Form. This form should then be forwarded to the school nurse.

Please indicate your choice on the form below and return it to the school nurse as soon as possible. No exams can be conducted by the school dentist without your written consent.

Your School Nurse

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SCHOOL DENTAL FORM  
SOUTH FAYETTE SCHOOL DISTRICT

Parents: Please complete and return this form to the School Nurse ASAP.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

To the Dentist: Please check the following according to your findings:

- Class I - NEGATIVE - Patient requires no dental treatment at this time. \_\_\_\_\_ Class I  
Class II - PREVENTIVE MAINTENANCE - Patient requires preventive measures only. \_\_\_\_\_ Class II  
Class III - TREATMENT CASE - Patient requires preventive measures, correction of dental defects and/or treatment of oral soft tissues. \_\_\_\_\_ Class III  
Class IV - SPECIAL PROBLEM - Patient requires evaluation and correction of gross malocclusion or facial deformity causing interference with function and may also require treatment as specified under Class III. \_\_\_\_\_ Class IV

Dentist's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name of examiner \_\_\_\_\_

I prefer my child receives a dental exam by the school dentist. \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_