

SCHOOL HEALTH SERVICES
WAPPINGERS CENTRAL SCHOOL DISTRICT
_____SCHOOL

DENTAL HEALTH CERTIFICATE

Student _____

Date of Comprehensive Dental Examination: _____

No Treatment Required___ Treatment in Progress _____Treatment Completed_____

Student is in fit condition of dental health to permit school attendance: Yes___ No_____

Signature of Dentist _____

Name of Dentist: _____

Address of Dentist _____

Telephone Number of Dentist: _____

SCHOOL HEALTH SERVICES
WAPPINGERS CENTRAL SCHOOL DISTRICT
_____SCHOOL

Dear Parent/Guardian:

Beginning September 2008, New York State will request Kindergarten, second, fourth, seventh and tenth grade students submit a Dental Health Certificate to the Health Office.

The Dental Health Certificate must contain a report of a comprehensive dental examination and shall be signed by a duly licensed dentist who is authorized to practice in New York State. The dentist shall describe the dental health condition of the student when the examination was made. The Dental Health Certificate shall not be more than twelve months prior to the commencement of the school year in which the examination is requested.

Please bring the attached form to your dentist and return the completed form to the Health Office.

School Nurse