



ELIZABETH FORWARD SCHOOL DISTRICT

401 Rock Run Road, Elizabeth, PA 15037-2416 • 412-896-2310 • FAX: 412-751-9483 • www.efsd.net

Mr. Keith Konyk
Superintendent

Health Services Department

Dear Parent or Guardian,

The School Health Laws of Pennsylvania require dental examination of all students upon entry to school and promotion to third and seventh grades. This examination may be done by your family dentist at your expense or may be completed by the school dentist at the expense of the school district. If the exam is completed by the school dentist, you will be notified of the results only if there is a need for corrective dental care. If you prefer the dental examination by your family dentist, please indicate this below and have him/her complete the attached form. **This form is to be returned to school by the first day of school.**

Please indicate below how you intend to meet this requirement and return this form to the student's school **on or before the first day of school.**

Thank you for your cooperation.

Sincerely,

Elizabeth Forward School District Nursing Staff

(Detach and Return As Soon As Possible)

(Please print)

Student Name _____ School _____ Grade _____

_____ I will have the dental examination provided by my family dentist and will have the information forwarded to the school.

_____ I grant permission for my child to have a dental examination done at the school by the school dentist, in the presence of the school nurse, and:

_____ I do not need to be present during the examination.

_____ I want to be present during the examination. Please contact me at (daytime phone number)

_____.

Signature of Parent or Guardian

Date