

TIVERTON MIDDLE SCHOOL

Health Office

Grade 5 Dental Screenings

As mandated by the Rhode Island Rules & Regulations for School Health Programs, dental screenings for Grade 5 will take place on **Thursday, March 7, 2019** by our school dentist, Dr. Hadad.

We realize that many children see their family dentist regularly and do not need the screening. If your child has had a dental exam within *the last six months*, or if you wish to decline the school dental screening and have your child examined by your own dentist, please return the decline form to school and have the dental report completed by your dentist. Please return forms to school by **Friday, February 22, 2019**.

Thank you for your cooperation,

Laura Rocha, BS, RN, CSNT
School Nurse-Teacher

Please have this dental report completed by your dentist and return to school.

DENTAL EXAMINATION REPORT

This is to certify that I have examined the teeth of:

Name: _____

- No dental treatment is necessary.
 Treatment in progress.
 Treatment completed.

Provider Signature: _____

Date: _____

Dental Screening Decline Form

Student: _____

Grade: _____

- My child has had a dental exam within the last six months. I will have the dental report completed by our dentist.
 I choose to decline the school dental screening. I will have the dental exam and report completed by our dentist.
 I choose to have the school dental screening for my child.

Parent/Guardian Signature: _____

Date: _____