

**HARBOR HILL SCHOOL
GLEN COVE ROAD
GREENVALE, NY 11548**

DENTAL FORM

To the Parent or Guardian:

Due to the rapidity of dental decay, your child must see his dentist regularly. This will check decay before it becomes extensive. The New York State Education Law requires an annual dental examination and a record filed for each child in the school. At the end of the school year a report must be sent to the State Education Department.

Your child must be examined by a dentist. You will then have an opportunity to discuss with him/her any particular question or problem. Please ask your dentist to fill in the attached form and return it to the school which your child attends.

Please return this form as soon as possible.

HEALTH SERVICES

RETURN THIS FORM to the HEALTH OFFICE
in your child's school

	Date
_____	_____
Child's Name	Grade

Home Address	
	_____ Dental attention is being received.
	_____ Dental attention has been completed.
	_____ Caries
	_____ Clean
	_____ Defects
	_____ Braces
	_____ Comments

Dentist's Signature

Address

Phone Number