



# KENNEDY CATHOLIC HIGH SCHOOL



\_\_\_\_\_ (name)

\_\_\_\_\_ (grade)

**Parent/Guardian:** New York State Law (chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete the section below and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started school, ask your dentist to fill out the section below. Return the completed form to the school nurse as soon as possible.

## TO BE COMPLETED BY THE DENTIST

### Oral Health Status (check all that apply).

\_\_\_ **Yes** \_\_\_ **No Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? {A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity}.

\_\_\_ **Yes** \_\_\_ **No Untreated Caries** – Does this child have an open cavity? (At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present).

\_\_\_ **Yes** \_\_\_ **No Dental Sealants Present**  
Other problems (Specify): \_\_\_\_\_

**Optional Section** – if you agree to release this information to your child's school, please initial here. \_\_\_\_\_

### Treatment Needs (check all that apply)

\_\_\_ No obvious problems. Routine dental care is recommended. Visit your dentist regularly.

\_\_\_ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

\_\_\_ Immediate dental care required. Please schedule an appointment immediately with your dentist to avoid problems.

\_\_\_\_\_ **Dentist's name and address (please print or stamp)**

\_\_\_\_\_ **Dentist's Signature**