EAST WINDSOR REGIONAL SCHOOL DISTRICT

DIVISION OF SCHOOL HEALTH SERVICES

Hightstown, New Jersey

DENTAL FORM

Dear Parent/Guardian,

Healthy teeth and gums are an important part of a child's overall well being.

By encouraging healthy food choices with limited sweets, daily brushing and flossing, and regular dental examinations, dental problems can often be minimized or avoided.

Please ask your child's dentist to complete this form, then return it to the school nurse.

Student's Name:_____

School:_____ Grade:_____ Teacher:_____

Please Check:

1. The necessary dental service has been completed:_____
2. The student is receiving dental treatment:_____
3. The student does not need dental treatment at this time:_____

Dentist's Signature:_____ Date:_____

Dentist's Stamp:_____