

New Hartford Central District School Health Services

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School Nurse
Hughes Elementary School
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DENTAL HEALTH CERTIFICATE

Dear Parent/Guardian:

New York State Law (chapter 281) asks schools to request proof of a dental examination in the following grades: school entry, K, 1, 3, 5, 7, 9, and 11. Please fill out this form and return to the School Nurse. This is a request and as such is optional.

Student Name: _____ **Grade** _____ **Teacher** _____

This student has had a complete dental exam on: Date: _____

Dentist Name _____
(please print or stamp)

Dentist Signature _____

Dentist Phone _____

Comments: _____

Thank you for your cooperation in this new health endeavor.