SAUQUOIT VALLEY CENTRAL SCHOOL
DENTAL HEALTH CERTIFICATE

Parent/Guardian: New York State law (chapter 281) permits schools to request a dental examination in the following grades: school entry UPK/K, 2, 4, 7, & 10.

Child’s Name: ______________________________________

Birth Date: __________________________

Date of Exam: _________________________

The date of the exam needs to be within 12 months of the start of the school year in which it is requested.

Student had the following:

[ ] Exam

[ ] Fillings

[ ] X-Rays

[ ] Cleaning

[ ] Sealants

_____________________________________________
Dentist’s name

_____________________________________________
Dentist’s address

_____________________________________________
Dentist’s Signature