SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT

Dental Screening - Parental Consent School Nurse, Dotti Bok, R.N.

Student:			Grade:	
School_		Date of Screening:	, 20, at	
	Yes, I,	, am a parent of ned school my permission to allow my lace on the date specified above and a	, and do child to participate in a dental at the above-mentioned	
	No, I, choose <u>not</u> to allow my child to date specified above and at the	, am a parent of o participate in a dental screening scho e above-mentioned school.	, and hereby eduled to take place on the	
(Sig	nature of Parent or Guardian)	(Date o	f Signature)	
FORMS	N-DS-P (8/00)			
	Dent	AS JOINT UNIFIED SCHOOL Dead Screening - Parental Consent School Nurse, Dotti Bok, R.N.	DISTRICT	

Student: Grade:_

School		Date of Screening:	, 20, atm	
	Yes, I,, am a parent of, and do hereby give the above-mentioned school my permission to allow my child to participate in a denscreening scheduled to take place on the date specified above and at the above-mentioned school.			
	No, I,, am a parent of, and her choose <u>not</u> to allow my child to participate in a dental screening scheduled to take place on the date specified above and at the above-mentioned school.			
(Sig	nature of Parent or Guardian)		Date of Signature)	

FORMS\N-DS-P (8/00)