

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT

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Phone: 530 - 289-3526 FAX: 530 289-3661
Dr. Jeff Bauer, Superintendent

DENTAL HEALTH REPORT FOR SCHOOL CHILDREN

Name of Child: _____ Birthdate: _____

Address: _____ Phone: _____

School: _____ Grade: _____

Your child will soon be entering school. We know that health can directly influence a child's achievement in school. The Sierra-Plumas Joint Unified School District school nurse recommends that your child have a dental examination before he or she starts school to ensure that the teeth and gums are in good condition and that any necessary treatment may be begun.

Regular dental supervision promotes good dental health and in turn good health in general.

WE ASK THAT YOU COMPLETE THE FOLLOWING:

1. Date of latest dental examination: _____
What care was given: _____
2. If your child has not seen a dentist within the last six months, call your dentist to arrange an appointment and ask the dentist to complete the following information:

DENTAL EXAMINATION REPORT

- A. _____ Examined - No treatment was necessary.
- B. _____ Examined - Dental treatment completed.
- C. _____ Examined - Appointments have been made to complete needed dental work.
- D. _____ Examined - Teeth were cleaned and fluoride applied.
- E. _____ Examined - Fluoride pills or vitamins with fluoride were prescribed.

COMMENTS: _____

Date: _____ Dentist's Signature _____

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE AT YOUR CHILD'S SCHOOL WHEN COMPLETED.

Thank you.