

McGUFFEY FOUNDATION SCHOOL
DENTAL EXAMINATION REPORT FORM
(return by September 15)

Today's Date ____/____/____

Student's Name _____ Date of Birth ____/____/____

Home Address _____ Phone _____

Date seen by dentist _____ Grade _____

Has your child had a dental examination by your family dentist in the last six months?

Yes No

If not, will you arrange for such an examination as soon as possible?

Yes No

In either case please have a dentist fill in and sign below, then return this form to the school.

Signature of Parent _____ Date ____/____/____

It is not possible to take my child to the family dentist for examination or treatment.

Signature of Parent _____ Date ____/____/____



This is to certify that I have examined and found the condition checked below:

- No dental defects.
- Dental defects which were present and have been completely cared for.
- Treatment has been started.
- Treatment is needed but no provision is made for it.

Dentist's Signature _____ Address _____ Date ____/____/____