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DEBORAH TRAVERS, Director
DIVISION OF FAMILY HEALTH
ROBIN CLARK-SMITH, Director
SPECIAL CLINICAL SERVICES

DEPARTMENT OF HEALTH

KINDERGARTEN/NEW ENTRANT DENTAL FORM

Dear Parent:

Now is the time to make arrangements for your child's dental examination, particularly if he/she is entering school in the fall.

In accordance with Section 10-206 of the Connecticut General Statutes, children should have a gross dental screening before entering school. It is highly recommended that this examination be performed by a dentist. The dental health history is a permanent part of your child's cumulative school health record.

Please take this form to your family dentist for completion and then return it to your child's school Dental Hygienist.

TO THE DENTIST:

Name of Pupil _____ **SCHOOL**_____

Pupil's Address_____Grade_____

_____ NO TREATMENT NEEDED

_____ IS UNDER TREATMENT

_____ ALL NEEDS AT PRESENT CORRECTED

_____
Signature of Dentist DATE

_____
Name and address of Dentist (Please Print or Stamp)

Office of Dental Health

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