

Newburgh Enlarged City School District

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle _____

Birth Date: / / <small>Month Day Year</small>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
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School: _____	Grade: _____
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Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Distrito Escolar Extendido de la Ciudad de Newburgh

Certificado de Salud Dental

Padre/Guardián: La ley del Estado de Nueva York (Capítulo 281) permite que las escuelas requieran un examen dental en los siguientes grados: al ingresar a la escuela, en K, 2º, 4º, 7º, y 10º grados. Su hijo/hija puede tener un chequeo dental durante el presente año escolar para determinar si está en condiciones de asistir a la escuela. Por favor complete la Sección 1 y entregue este formulario a su dentista para un examen. Si a su hijo/hija se le hizo un examen dental antes de comenzar la escuela, pídale a su dentista que complete la Sección 2. Devuelva el formulario completo al director médico o enfermera de la escuela tan pronto como le sea posible.

Sección 1. Padre/Madre/Guardián, por favor complete esta sección (Por Escrito)

Nombre del Niño/la Niña: Apellido Primero Segundo _____

Fecha de Nacimiento: / / <small>Mes Día Año</small>	Sexo: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	Es ésta la primera visita al dentista de su hijo/hija? <input type="checkbox"/> Sí <input type="checkbox"/> No
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Escuela: _____	Grado: _____
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Ha notado algún problema en la boca que interfiere con la capacidad de su hijo/hija de masticar, hablar, o enfocarse en las actividades escolares? Sí No

Entiendo que al firmar este formulario doy mi autorización para que el niño/la niña nombrado arriba reciba un examen básico de salud oral. Entiendo que este examen es solamente un medio limitado de evaluación para determinar la salud dental del estudiante, y yo tendría que obtener los servicios de un dentista para que mi hijo/hija pueda recibir un examen dental completo con Rayos X si fuera necesario para mantener buena salud oral.

También entiendo que el recibir este examen preliminar de salud oral no establece una relación nueva, progresiva, o continua entre doctor y paciente. Es más, no asignaré al dentista o a quienes lleven a cabo el examen responsabilidad por consecuencias o resultados si yo decido NO seguir las recomendaciones enumeradas abajo.

Firma del Padre/Madre/Guardián _____ Fecha _____

SEE REVERSE SIDE OF FORM

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____
(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. Check one:

- Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp)

Dentist's Signature

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Please See Reverse Side of Form

Optional Sections - If you agree to release this information to your child's school, please initial here. _____

II. Oral Health Status (check all that apply).

- Yes No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes No **Dental Sealants Present**

Other problems

(Specify): _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.