

School Dental Health Card

Kansas Department of Health and Environment, Topeka, KS 66612-1290 (913) 296-1200

Pupil's Name: _____ Age: _____ Grade: _____

School: _____ City: _____

To pupils and parents: The purpose of requesting each pupil to have his/her teeth examined by the dentist at least once each year, or more often if the dentist so advises, is to discover dental defects and infection, if present, in the beginning. By doing this, treatment can be given with the least amount of discomfort to the pupil and at the lowest cost to the parent. Pain, sickness, and unnecessary loss of teeth resulting from dental diseases are thereby also prevented. You are therefore urged to take this card to your family dentist and have any necessary dental work done as soon as possible. When the dentist has signed the card, please return it to the school.

Date: ____ - ____ - ____

Teacher or School Nurse: _____

Pupil
Section One

Dentist
Section two

- A. I have examined the teeth of the above pupil and find no fillings, extractions, or cleaning needed.
- B. I have completed the necessary dental work for this pupil.

Date: ____ - ____ - ____

DDS: _____

Doctor: Please do not sign this card unless necessary work is actually completed.

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