

FRAZIER SCHOOL DISTRICT
OFFICE OF THE SCHOOL NURSE
142 CONSTITUTION STREET
PERRYOPOLIS, PA 15473
PHONE: 724-736-9507
FAX: 724-736-2095

Dear Parent/Guardian,

Pennsylvania law requires all students in **Grades K, 3 and 7** to have a **dental exam**. Please have your child's family dentist complete the attached Private Dentist Report form and return it to the office of your child's school before the beginning of the 2021-2022 school year. This will be placed in your child's health record and will serve as documentation for the 2021-2022 school year.

Or, if you prefer, initial and sign the permission form below. Your child will then be scheduled to see our school dentist during the school year. Our school dentist will then be responsible for completing the necessary documentation.

Please complete and return **one** of the forms as soon as possible.

Any student without a Private Dentist Report at the time of school dental exams, will be scheduled to see the school dentist.

Thank you for your time and cooperation.

Sincerely,
Elisa DeLucia, RN, BSN, CSN
Frazier School Nurse

My child, _____, in grade _____,

has my permission to be seen by the school dentist to satisfy this health requirement for the 2021-2022 school year.

Parent/Guardian Signature

Date