



**SODUS CENTRAL SCHOOL DISTRICT
Dental Health Certificate**



NY State Consolidated Law Article 19 §903 has been amended. Beginning 9/01/08 a Dental Health Certificate is requested to be furnished by the student at the same time that a Health certificate is required (PK, K, 1, 3, 5, 7, 9, and 11, and all new entrants)

- Must be signed by a licensed Dentist.
- Must be no older than the 12 months prior to the beginning of the current school year; therefore the certificate must be dated after September 1, previous school year.
- Must describe the dental health condition at the time of the exam.
- Must state whether student is in fit condition of dental health to permit attendance to school.

TO BE COMPLETED BY PARENT/GUARDIAN BEFORE EXAMINATION BY DENTIST

I authorize my child's dental care provider(s) to release the dental information requested on this form per NY State Consolidated Law Article 19 §903 to the school nurse and district medical officer and authorize the school nurse/ district medical officer to contact the dental provider regarding information on this form for one calendar year from the date I signed.

Student Name: _____ DOB _____ M / F ____ Grade _____

Parent / Guardian Name: _____

(please print)

Home Phone _____

Work Phone _____

Parent Signature: _____ Date: _____

DENTAL HEALTH INFORMATION (TO BE COMPLETED BY DENTIST)

Assessment Date: _____

- Visible fillings and/or restoration(s) present: _____ Yes _____ No
- Untreated caries present: _____ Yes _____ No
- Treatment Urgency: _____ No obvious problem found
_____ Dental care recommended
_____ Urgent care needed

Student is in fit condition of dental health to attend school: _____ Yes _____ No

Dentist Name: _____ Phone: _____

(please print)

Signature: _____ Date: _____

**This form is to be returned to the Sodus School by the parent or faxed to
315-483-5235 Elementary School Students PK-3
315-483-5291 Intermediate School Students 4-6
315-483-5287 High School Students 7-12**