<div align="center">

Rochester Christian School
Dental Health Certificate

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Rev 6/2015

NY State Consolidated Law Article 19 § 903 has been amended. Beginning 9/1/2008, a Dental Health Certificate is requested to be furnished by the student at the same time that a Health certificate is required (K,2,4,7,10 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 in school.

SCHOOL: _____   **GRADE**_____

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TO BE FILLED IN BY PARENT/GUARDIAN BEFORE EXAMINATION BY DENTIST;

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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.

Parent Signature: _____ **Date:** _____

Student Name_____Birthdate____/____/____Gender_____
                Last   First

Address_____
        Street   Town   Zip

Parent/Guardian _____ _____ _____/_____
Name   Home Address if different from above   Home Phone   Work Phone

Dentist's Name _____Dentist's Phone_____

Physician's Name _____Physician's Phone_____

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DENTAL HEALTH INFORMATION (TO BE COMPLETED BY DENTIST)

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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
If No, Plan of Action:

_____   _____
Dental Professional Signature   Date

_____
Print Name   OR   Office Stamp

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PARENTS RETURN THIS FORM TO THE SCHOOL
ORIGINAL TO BE RETAINED IN STUDENT'S SCHOOL RECORD

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