



Union Area School District

2106 Camden Avenue • New Castle, Pennsylvania 16101 • ☎ 724-658-4501 • FAX 724-658-8617

ROB J. NOGAY, MEd, Middle/High School Principal

Dental Examination Parent Permission

Dear Parent/Guardian:

The Pennsylvania School Code requires that a **Dental Examination** be completed on every student in **3rd and 7th Grade**. Your private dentist is the best person to perform the examination, since they know your child's dental history.

Union Area School District can also provide your child with a Dental Examination. The dental examination CANNOT be completed in school without your WRITTEN PERMISSION. Please sign this form and indicate your choice below.

If you plan to have your own dentist perform this examination, have them complete the attached form and return it to the school nurse ASAP. THE EXAMINATION MUST BE DATED NO EARLIER THAN ONE YEAR PRIOR TO THE CURRENT SCHOOL YEAR. Examination forms dated earlier are not valid and cannot be accepted.

Thank you for your cooperation.

Sincerely,

Mrs. Trocci, RN

Mrs. Benedict, RN, BSN, CSN

Student Name: _____

____ I will take my child to my **private dentist** and return the form to the health office.

____ I would like the examination completed by the **school dentist**.

Parent/Guardian Signature: _____