



# Port Jervis

CITY SCHOOL DISTRICT

Superintendent of Schools  
9 Thompson Street, P.O. Box 1104  
Port Jervis, New York 12771  
Phone (845) 858-3100  
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## Parental Consent for Dental Health Screening

Dear Parent/Guardian:

A law passed in 2007 and amended in 2013 requiring NYS Public Schools to request, or ask, for a dental health certificate of students, at the time of school entry and in grades K, 2, 4, 7 and 10 declaring their dental health condition. Additionally, at your request, a list of dental health practices, dentists and registered dental hygienists that provide free or reduced cost dental assessments will be provided.

In an effort to promote and insure good dental hygiene, the Port Jervis School District is partnering with Aesthetic Family Dentistry, from Port Jervis NY, to offer free dental health screenings at school. This is of no cost to you.

You may choose to have your child's dental health examination done by your own dentist, in which case the attached form should be completed by your dentist and returned to the school nurse.

Should you choose to have your child's dental health examination done at school by a dentist from Aesthetic Family Dentistry, you are required to complete and sign the lower half of this form and return it to the school nurse. At the completion of the dental health evaluation, you will be provided with the findings from the screening, as well as any recommendations the dentist offers and a phone number to call with any questions you may have.

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I understand that by signing this form I am consenting for my child, \_\_\_\_\_, to receive a basic oral health assessment, or dental screening. I understand this screening is only a very basic evaluation and does not take the place of a thorough dental examination. I also understand that receiving this dental health screening does not establish any new, ongoing or continuing doctor-patient relationship. I am free to have my child seen and treated by the dentist of my choice. Further, I will not hold the dentist or those performing this assessment responsible for the oral health consequences or results should I choose NOT to follow the recommendations provided by Aesthetic Family Dentistry.

In order for you to receive the appropriate recommendations and findings, we require current contact information to include your address and telephone number(s).

Name of child: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_