

Parent/Guardian Notification

USD _____ will be providing a free dental screening to all students enrolled in grades _____ in compliance with Kansas State Statute 72-6251. All students will be screened unless the parent/guardian does not want the child to participate. Oral health is an important part of children's overall health and is a critical component in the child's ability to learn and succeed in school. If you wish to opt out of the screening, please fill out and return the form at the bottom of the page. If your child does participate, a copy of the results of the screening will be sent home with the child.

If you have questions, feel free to call me at school _____ or by e-mail at _____ . Thank you for your cooperation!

Sincerely,

USD _____ School Nurse

____ I do not wish to have my child participate in the free dental screening.

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____

