

## **Dental Health Form**

Montgomery County Department of Health and Human Services MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850 MCPS Form 525-17 January 2017

**INSTRUCTIONS:** School health professionals review student health information, including dental health, when students enroll in school. When health problems are identified, school health professionals assist students and parents/guardians in accessing appropriate health services, including dental care.

Please complete Section I of this form and ask your child's dentist or dental hygienist to complete and sign Section II of this form. Return the completed form to the health room at your child's school.

Help in locating a dentist/dental hygienist may be obtained by contacting the Maryland State Dental Association at www.msda.com. If you do not have access to dental care, please contact the school nurse in your child's school.

SECTION I: To be completed by Parent/Guardian		
Name of Student	Student ID	
Name of School	Date of Birth	Grade
SECTION II: To be completed by the Dental office.		
This is to certify that I have examined the teeth of		
and:		
<ul><li>All necessary dental work has been completed.</li><li>Treatment is in progress.</li></ul>		
☐ No dental work is necessary.		
Further recommendations		
Name of Dentist/Dental Hygienist	Telephone	
Signature of Dentist/Dental Hygienist	Date Signed	
Address	Fax Number	

PLEASE RETURN THIS FORM TO THE HEALTH ROOM AT YOUR CHILD'S SCHOOL.