



Highlands School District

P.O. Box 288

Natrona Heights, PA 15065

Phone: 724-226-2400 Fax: 724-226-8437

www.goldenrams.com

Dental Examination Verification / Permission

Dear Parent/Guardian,

The Pennsylvania School Health Law, Pennsylvania Department of Health and Highlands School District require and mandate that students in **Kindergarten, 3rd and 7th grades** receive a dental examination.

To date, our records indicate that your son/daughter has failed to return any verification of receiving an examination required for the present school year.

Please provide one of the following options before **December 1**:

1. Have your private dentist complete the attached form and return to the school nurse before **December 1**, *or*
2. Complete the bottom of this page and return to the school nurse before **December 1**.

Thank you for your cooperation.

HIGHLANDS SCHOOL NURSES

DETACH AND RETURN BOTTOM

Student _____ School _____ Grade _____

I, _____, give the Highlands School District's school
Parent's Signature
dentist permission to give my child a dental examination during school hours.*

Please circle if you wish to be present at the time of the school dental examination. **YES** **NO**

I, _____, will have my child examined by our private
Parent's Signature
dentist and will return the attached form before **December 1**.

Examinations by the school dentist will be scheduled after **December 1 in cooperation with the school administrator, school nurse, and dentist. Scheduling will depend on the availability of the school dentist.*

Kim Woodrow, RN, CSN
Highlands High School
724-226-1000

Shelly Long-Vickers, RN, CSN
Highlands Middle School
St. Joseph High School
OLMBSS
724-226-0600

Mary Beth Jones, CRNP
Grandview Upper Elementary
Fairmount Primary Center
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Pre-K Counts
724-224-0300