Baltimore County Public Schools

Baltimore County Department of Health

School Dental Health Record

Name of Student: ___________________________  Age: __________________________

Name of School: ____________________________  Grade: _______________________

All students can achieve a healthy mouth, provided they practice protective health habits from childhood and have the opportunity to benefit from present-day knowledge of dental disease prevention and control. If your child has not visited your family dentist within the last six months, we advise you make an appointment immediately. After the dental appointment, the signed form should be returned to the school your child will be attending.

A Dental Visit (with a completed signed form) is required when your child enters either:

A PreK Program

Kindergarten

Grade 3

Grade 5

Or is transferring from another school

Report of Dental Examination:

A. _____ No Dental Treatment Is Necessary.

B. _____ All Necessary Dental Treatment Has Been Completed.

C. _____ Treatment Is In Progress.

Further Recommendations

____________________________________________________________________________________

____________________________________________________________________________________

_____________________________________________  _______________________________________

Signature of Dentist  Date