

Celebrating 60th Sensational Years



Emanuel Lutheran School

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Faithfully serving families since 1957

*2016 International Award-Winning Inviting School
2017 Inviting School Fidelity Award
by International Alliance for Invitational Education*

DENTAL HEALTH CERTIFICATE – OPTIONAL

Parent/Guardian: New York State Law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Please take this form with you when your child visits the dentist. Have the dentist fill it out and return it to the school nurse. Please note the date of the exam needs to be within 12 months of the start of the school year in which it is requested.

Child's Name: _____ Sex: _____ D.O.B. _____ Building: _____ Grade: _____

Section I to be completed by the Dentist

Section I.

1. The Dental Health condition of _____ on _____ (date of exam). The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:
- Yes, the student listed above is in fit condition of dental health to permit his/her attendance at the public/private schools.
- No, the student listed above is not in fit condition of dental health to permit his/her attendance at the public/private schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's Name and Address (please print or stamp)

Dentist's Signature

Section II

Options Sections – *If you agree to release this information to your child's school, please initial here.*

II. Oral Health Status (check all that apply)

- Yes No **Caries Experience/Restoration History**- has the child ever had a cavity (treated or untreated)? (a filling temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity.)
- Yes No **Untreated Caries** – Does this child have an open cavity? (At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a capitated lesion is also present.)
- Yes No **Dental Sealants Present**

Other problems (Specify): _____

Section III

III. Treatment Needs (check all that apply)

- _____ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- _____ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- _____ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

Live a life worthy of the Lord.... bearing fruit in every good work, growing in the knowledge of God. Col 1:10