

**WEBSTER CENTRAL SCHOOL DISTRICT
DENTAL CERTIFICATE**

New York State Education Law Article 19 § 903 states a Dental Health Certificate is requested to be furnished by the student at the same time that a Health Appraisal is required and must:

- be signed by a licensed dentist
- be no older than the 12 months prior to the beginning of the current school year; therefore the certificate must be dated after September 1, previous school year
- describe the dental health condition at the time of the exam
- state that student is in fit condition of dental health to permit school attendance

SCHOOL _____

GRADE _____

TO BE COMPLETED BY PARENT/GUARDIAN

Student Name _____ Birthdate _____ Gender _____

Parent/Guardian _____ Phone _____

Dentist's Name _____ Dentist's Phone _____

Physician's Name _____ Physician's Phone _____

I authorize my child's dental care provider(s) to release the dental information requested on this form per NY State Education Law Article 19 § 903 to the school nurse and district medical officer and authorize the school nurse/ district medical officer to contact the dental provider regarding information on this form for one calendar year from the date I signed.

Parent Signature: _____ **Date:** _____

DENTAL HEALTH INFORMATION (TO BE COMPLETED BY DENTIST)

Assessment Date: _____

- Visible fillings and/or restoration(s) present: ___ Yes ___ No
- Untreated caries present: ___ Yes ___ No
- Treatment Urgency: ___ No obvious problem found
___ Dental care recommended
___ Urgent care needed

Student is in fit condition of dental health to attend school: ___ Yes ___ No *If No, Plan of Action:*

Dental Professional Signature

Date

Print Name

OR

Office Stamp

**PARENTS RETURN THIS FORM TO THE SCHOOL
ORIGINAL TO BE RETAINED IN STUDENT'S SCHOOL RECORD**