**A Dental Program is coming to our school!**

**A FREE Dental Screening by a dentist will be provided!**

If you do **NOT** want your child to be screened, sign & return this form to the main office:

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade\_\_\_\_\_\_\_\_\_\_

NOTE: A “dental screening” is not a complete dental examination. A dental screening is performed using a wooden tongue blade, toothpick, and light. No dental instruments or x-rays are used. A report with the results of the screening will be sent home. Some children may require a second screening.

**¡Un programa dental viene a nuestra escuela!**

**¡Un chequeo dental GRATIS por un dentista será ofrecido!**

Si usted **NO** desea que su hijo reciba el chequeo dental, firmar y devolver este formulario a la

oficina principal.

Firma del Padre\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del hijo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grado:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTA: Un "chequeo dental" no es un examen dental completo. Un chequeo dental se realiza utilizando una espátula de madera, palillos de dientes, y la luz. No hay instrumentos dentales o rayos X utilizados. Un informe con los resultados del examen será enviado a casa. Algunos niños pueden requerir un segundo examen.