

Upper Perkiomen School District

Permission for School Dental Examination

I give my permission for _____ to receive a school dental examination. I understand that I am encouraged to be present for the examination.

_____ I **will attend** my son/daughter's dental appointment. Please call me with the date and time.

_____ I **will not attend** my son/daughter's dental appointment. The dentist should know the following information about my son/daughter.

Current Medication(s): _____

Any Medical Conditions: _____

Concerns the dentist should be aware of: _____

Parent/Guardian Signature

Date