

BAYONNE PUBLIC SCHOOLS

Bayonne, New Jersey

Dear Parent:

As part of our School Health Program, we strongly urge you to have your child visit your dentist every six months for a dental examination and whatever treatment may be necessary. In the interest of good dental health, will you please take your child to you family dentist. Ask the dentist to complete the below form.

INSTRUCTIONS TO PARENTS ON THE CARE OF CHILDREN'S TEETH

Your child's baby teeth and permanent teeth are important for their health. With sound teeth, they can chew their food, their jaws will grow naturally, they will be better looking and they will be able to speak clearly.

Don't neglect the baby (first) teeth.

Keep them in good condition until they are lost normally.

Take care of little cavities in the teeth and they will not become big ones.

If your child has crooked or irregular teeth, take him/her to the dentist for consultation.

Follow these simple rules and you will save both the expense and suffering which comes from neglected teeth.

1. Give your child proper food.
2. Encourage and remind your child to brush their teeth after eating.
3. Take your child to the dentist at regular intervals for examination and treatment of all defects.

**DENTAL RECORD
UNDER TREATMENT**

Name _____

School _____ Grade _____

The above student is in need of dental treatment and is under my care.

Date treatment was begun _____

Approximate date of compleation _____

Dentist's signature _____

Address _____ Date _____

This section is to be signed by the dentist only if the dental work has begun. Return it to the school nurse after the first visit.

COMPELETION NOTE

Name _____

School _____ Grade _____

The above student has had all necessary dental work (including prophylaxis) completed, and is advised to return in _____ months for re-examination.

Dentist's signature _____

Address _____ Date _____

This section is to be retained by the dentist until work is completed. The student will return this section before the end of the school year.

Normal

Name _____

School _____ Grade _____

The above student has received a dental cleaning and examination. No treatment is required at this time. The student is advised to return in _____ months for re-examination.

Dentist's signature _____

Address _____ Date _____

This section is to be signed by the dentist and returned by the student when no dental treatment is necessary.