

Dental Health Certificate

*Required EVERY year.

Cotting School
453 Concord Avenue
Lexington, MA 02421

Parent/Guardian: Massachusetts requires schools to request an annual dental examination.

- If your child is seen at the Dental Clinic at Cotting School, please complete section 1 only. A consent form for is required for treatment.
- If your child is NOT seen at the Dental Clinic at Cotting, please complete Section 1 and take the form to your child's dentist for assessment and ask your dentist to fill out Section 2. Return the completed form to the Medical Department.

Section 1 - to be completed by Parent/Guardian

Child's name: _____ D.O.B: _____

Will this be your child's first visit to the dentist? _____yes _____no

Have you noticed any problems with your child's mouth that interferes with his/her ability to chew, speak or focus on school activities? _____yes _____no

My child is seen at the Dental Clinic at Cotting School _____yes _____no

(If you check no, please have your dentist complete section 2.)

Parent Signature

Date

Section 2 - to be completed by the Dentist

The dental health condition of: _____

on _____ Date of exam (needs to be within 12 months of the start of the school year in which it is requested.

_____ No obvious problems. Routine dental care is recommended.

_____ Needs dental care. Parent/Guardian has been advised to follow up.

_____ Immediate dental care is required. Parent/Guardian has been advised to make a follow up appointment for treatment to avoid complications.

Dentist's Signature

Dentist's Telephone

Dentist's Address