

**STEEL VALLEY SCHOOL DISTRICT**

Dear Parent or Guardian of \_\_\_\_\_

The Steel Valley School District is continuing a Dental Examination Program for grades -1 - 3 - 5 - 7 - . Good dental health is of great importance to the total welfare of your child. Therefore a program has been developed involving a dental evaluation by a licensed dentist, using a mouth mirror and explorer. In order that your child may participate, please sign the form below and return it to the school as soon as possible.

Sincerely,

Health Services  
Steel Valley School District

\_\_\_\_\_  
STUDENT \_\_\_\_\_ SCHOOL \_\_\_\_\_  
GRADE \_\_\_\_\_ ROOM \_\_\_\_\_

\_\_\_\_\_ I grant permission for my child to participate in the Dental Health Services program throughout his/her school years in the Steel Valley School District.

\_\_\_\_\_ I will have the above done by my family dentist, and the information forwarded to the school.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE NOTIFY THE SCHOOL IN WRITING IF YOU WISH TO REVOKE THIS PERMISSION.